



**City of East Providence**  
**Department of Finance**  
CITY HALL  
145 Taunton Avenue  
East Providence RI 02914

**OVER 65 WATER EXEMPTION**

PHONE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ CO-OWNER/SPOUSE \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**DWELLING INFORMATION:**

SINGLE FAMILY     TWO-FAMILY     THREE-FAMILY     FOUR-FAMILY  
 CONDOMINIUM     BUSINESS/RESIDENTIAL COMBINATION     OTHER

**TAX PAYER'S STATEMENT**

I/WE CEERTIFY THAT I/WE ARE **FULL-TIME** RESIDENTS OF THE CITY OF EAST PROVIDENCE,  
AND ARE THE OWNERS AND OCCUPANTS OF THE PROPERTY LISTED ABOVE.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-OWNER?SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE TREASURER'S OFFICE BEFORE DECEMBER 31<sup>ST</sup>**  
PLEASE NOTE THE INCOMPLETE INFORMATION MAY DELAY YOUR EXEMPTION BEING APPLIED.

**TREASURER'S OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

MAP: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

SERVICE CODE: \_\_\_\_\_ CLERK: \_\_\_\_\_