



# City of East Providence

DEPARTMENT OF FINANCE / ASSESSMENT DIVISION

CITY HALL

145 TAUNTON AVENUE

EAST PROVIDENCE, RHODE ISLAND 02914-4505

## APPLICATION FOR VETERAN'S EXEMPTION (MUST INCLUDE DD-214)

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Legal Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RI Driver's License #: \_\_\_\_\_ RI Driver's License #: \_\_\_\_\_

Are you a registered voter in East Providence?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own **any** other real estate, either in or out of RI?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Name of Vet (if deceased): \_\_\_\_\_ Proof of Death: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouses Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

### This form must be returned to the Assessor's Office on (or before) May 25th.

#### FOR OFFICE USE ONLY

RE \_\_\_\_\_ MV \_\_\_\_\_ Map \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_

RE Account Number: \_\_\_\_\_ MV Account Number: \_\_\_\_\_

TEL (401) 435-7574

FAX (401) 435-1915

TDD (401) 431-1633