



City of East Providence Assessment Division

145 TAUNTON AVENUE

EAST PROVIDENCE, RHODE ISLAND 02914-4505

PHONE (401) 435-7574 EMAIL assessor@eastprovidenceri.gov

Roberto L. DaSilva
Mayor

Less Than 100% Service-Conn Disabled Veterans
Exemption Application

Sarah Frew
Tax Assessor

MUST INCLUDE VA DISABILITY LETTER AND PROOF OF RESIDENCY

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 _____

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 _____

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: _____

VA Service-Conn Disability **Yes or No, If yes what %** _____

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: _____

50% preconsumer content 10% postconsumer content

PRINTED ON RECYCLED PAPER