



City of East Providence Assessment Division

145 Taunton Avenue East Providence, RI 02914

Roberto L. DaSilva
Mayor

Sarah Frew
Assessor

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 CERTIFY THAT I/WE ARE **FULL-TIME** RESIDENTS OF THE CITY OF EAST PROVIDENCE AND ARE THE OWNER(S) AND OCCUPANT(S) 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 31ST
PLEASE NOTE THE INCOMPLETE INFORMATION MAY DELAY YOUR EXEMPTION BEING APPLIED.

OFFICE USE ONLY

DATE RECEIVED: _____

ACCOUNT NUMBER: _____

MAP: _____ BLOCK: _____ PARCEL: _____

SERVICE CODE: _____ CLERK: _____

TEL: 401-435-7574

Email: assessor@eastprovidenceri.gov