



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

Veterans Exemption Application

Sarah Frew
Tax Assessor

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 _____

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: _____

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: _____

50% preconsumer content  10% postconsumer content

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