



City of East Providence
MAYOR ROBERTO L. DASILVA
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 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:** _____