



**TOWN OF NARRAGANSETT**

Town Hall • 25 Fifth Avenue • Narragansett, RI 02882-3699  
Tel. (401)-782-0616 TDD (401)-782-0610 Fax (401)-788-2555

FINANCE DEPARTMENT

**Office of the Tax Assessor**

**APPLICATION FOR A SENIOR EXEMPTION FOR RESIDENTS 65 OR MORE YEARS OF AGE**

*Application for exemption of Real Estate tax payments under Chapter 419 of the Public Laws of 1982, passed at January Session of General Assembly A.D. 1982, and Chapter 472 of the Ordinance of the Town of Narragansett passed in Town Council Meeting June 7, 1982.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Proof of Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Years: \_\_\_\_\_

Location of Property: Assessor's Plat: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Date Property Acquired: \_\_\_\_\_ L.E.R. Book \_\_\_\_\_ Page \_\_\_\_\_

Property on which exemption is requested is owned:

(a) Solely by me \_\_\_\_\_

(b) Jointly with \_\_\_\_\_ Relation \_\_\_\_\_ DOB: \_\_\_\_\_

*I hereby swear under penalty of perjury that I actually reside at the address for which exemption is requested and own and live at this address on a permanent basis, and that the dwelling is used exclusively by me (us) and that the property is NOT used in connection with a business, combination of business and residential, or for income producing purposes (such as rentals). It is further understood that where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded and the applicant shall be liable for the full tax plus interest retroactive to the date on which the taxes were due. The applicant will also be liable for any criminal penalties which may be applicable for the furnishing of false information.*

*I swear that all the foregoing information is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_

Tax Assessor: \_\_\_\_\_