



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

SOLDIER/SAILOR EXEMPTION

Date: _____

Name: _____ Service No. _____

Address: _____ Spouse: _____

For the purpose of obtaining the benefits of the exemption provided for in Section 514 of the Soldiers' and the Sailors' Civil Relief Act of 1940, as amended and as extended by the Selective Service Act of 1948, I, the undersigned applicant, hereby state under the penalty of perjury:

1. That I am a temporary resident of the State of Rhode Island.
2. That I am a legal resident of the State of _____.
3. That I have not registered to vote nor claimed a Veterans' Exemption in any community in the State of Rhode Island.
4. That I am now serving in the U.S. _____, and have served continuously from _____ to the present date.
5. That application for exemption is made on my personal property (including motor vehicles) located at or formerly located at _____, Narragansett, Rhode Island.
6. That none of the personal property described in Paragraph 5, is used in or arises from, a trade or business.
7. That I understand this exemption does not apply to my dependents.

Signature: _____ Date: _____

Subscribed and Sworn to before me this _____ day of _____, 20_____.

_____, Notary Public

Approved by: _____, Assessor