



**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**

**VETERAN'S EXEMPTION**

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

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

Address: \_\_\_\_\_ Spouse: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/Town Previously Claimed: \_\_\_\_\_

Legal Resident of: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service No.: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Proof: \_\_\_\_\_

Name of Veteran (if deceased): \_\_\_\_\_

Gold Star Parent: \_\_\_\_\_

Auto: \_\_\_\_\_

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

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

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

Approved by: \_\_\_\_\_, Assessor

***A Copy of your Discharge (DD 214) must accompany this form.***

