

OFFICE OF TAX ASSESSOR
1 TOWN HOUSE ROAD
HOPKINTON R. I. 02833-1142

APPLICATION FOR EXEMPTION
To persons 85 or more years of age
(Form must be filed by March 15th)

Date _____

Name _____

Residence address _____

No. Street

Town State Phone

How long a resident of the above address _____

Previous address _____

No. Street City State

Are you a legal resident of Rhode Island? YES NO

Have you registered to vote? YES NO If the answer is yes, in what town
or city did you register? _____ When _____

Location of Property: Assessor's Plat _____

Age _____ Birth Date _____ Place of Birth _____
Month/Day/ Year City State

Do you reside at the above address for 12 months of each year? YES NO

If no, explain _____

Single ___ Widow(er) ___ Married ___ If married, name of spouse _____

Age _____ Birth Date _____ Place of Birth _____ of spouse.
Month /Day / Year

I (We) the undersigned _____, do hereby affirm that
the above information is true, correct and complete to the best of my (our) knowledge and belief.

If exemption is marital, both husband
And wife must sign.

Must have owned home for 5 years and have turned 85 on or before 12/31 of the previous year.

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

Notary Public or Assessor _____