



# TOWN OF HOPKINTON RHODE ISLAND

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1 TOWN HOUSE ROAD HOPKINTON, RI 02833

## PROPERTY TAX EXEMPTION APPLICATION

Please complete this application for **each** parcel owned by the organization. Please print or type the information requested below. If additional space is needed, use an extra sheet of paper and number each item to correspond with the number in question. A copy of this application is available in the Assessor's office in the Town Hall.

**NOTE: Please submit a certified copy of the organization's charter, or a certified copy of the special act of legislature, or a copy of the city ordinance or resolution (if any exists), and a copy of the organization's constitution and by-laws with all amendments.**

1. Name of the Organization: \_\_\_\_\_

2. Address of Property: \_\_\_\_\_

3. Mailing Address (if different): \_\_\_\_\_

4. Parcel Identification (please complete separate form for each parcel):

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

5. Type of Organization (religious, fraternal, charitable, veterans, educational, etc.):  
*DO NOT indicate "Non-Profit" as the 501(c) IRS designation does not apply to local property tax*

6. Under what section of statutes or public laws are you claiming exemption from taxation?  
*Please see RI General Law 44-3-3 for reference.*

7. Are the facilities, or *any portion thereof*, leased, rented, or used by persons or organizations other than the applicant hereof? YES  NO   
*(If the answer is YES, explain in detail on a separate sheet of paper, list each person and/or organization)*

8. What are the sources of income of the applicant(s)? (i.e. membership dues, donations, sales of goods, rental, etc.) *Please attach an itemized income statement listing amounts and sources in detail.*

9. How are the monies expended? *Please attach an itemized expense statement listing in detail how all income is expended.*

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10. Is there any type of commercial establishment located on the premises?

YES  NO

(If the answer is YES, explain in detail on a separate sheet of paper, describing the establishment or operation)

11. Is a City or State license or permit required for any function or operation held or located on the premises? YES  NO

(If the answer is YES, explain in detail on a separate sheet of paper, describing what licenses or permits are required for what functions)

12. When was the organization chartered? \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Please list the name and address of the parent organization (if different from #1 or #2):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, holding the office of \_\_\_\_\_ in the above organization, do hereby swear or affirm that the answers to the above questions are true to the best of my knowledge and belief.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

*Rhode Island case law has established that laws exempting properties from taxation are to be strictly construed, and exemptions cannot be read into the statutes. The organization applying for this permit should not presume the grant of an exemption, and any doubt or ambiguity must be resolved in favor of taxation. The burden of proof is upon the organization requesting said exemption to show that they are within the terms of the statute.*

**FOR OFFICE USE ONLY**

Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Inspected: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_

Changes due to inspection: \_\_\_\_\_

Additional information requested: \_\_\_\_\_

Exemption: **APPROVED**  **DENIED**

Reason: \_\_\_\_\_

Assessor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_