



**OFFICE OF THE ASSESSOR  
APPLICATION FOR VETERANS EXEMPTION**

Name \_\_\_\_\_ Service No. \_\_\_\_\_

Spouse \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Warren, RI

Plat \_\_\_\_\_ Lot \_\_\_\_\_ Account No \_\_\_\_\_ If no real estate, motor vehicle

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

How long have you resided in Warren \_\_\_\_\_ In RI \_\_\_\_\_

Have you received a veterans exemption in any other community \_\_\_\_\_?

If so, where \_\_\_\_\_

Branch of service \_\_\_\_\_

War/Conflict WWII \_\_\_\_\_ Korea \_\_\_\_\_ Viet Nam \_\_\_\_\_ Lebanon/Grenada \_\_\_\_\_

Persian Gulf \_\_\_\_\_ Haiti \_\_\_\_\_ Somalia \_\_\_\_\_ Bosnia \_\_\_\_\_

Desert Storm \_\_\_\_\_ Afganastan \_\_\_\_\_ Iraq \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

Date \_\_\_\_\_ Assessors Office \_\_\_\_\_

THIS FORM MUST BE ACCOMPANIED BY HONORABLE DISCHARGE DD 214