

Tax Year: _____



Town of Barrington, Rhode Island

TAX ASSESSOR'S OFFICE
C/O THE BARRINGTON TOWN HALL
283 COUNTY ROAD
BARRINGTON, RHODE ISLAND, 02806

AFFIDAVIT FOR EXEMPTION OF PERSONAL PROPERTY TAX

NAME: _____ SOCIAL SECURITY #: _____
 DRIVERS LICENSE #: _____ STATE ISSUING LICENSE: _____
 SPOUSE: _____ SPOUSE SS#: _____
 EXPECTED ROTATION DATE _____ (if the date changes, please provide an extension notice or early termination of duty document)
 LEGAL RESIDENCE: STREET: _____
 (AS SHOWN ON LES) CITY: _____
 STATE/ZIP: _____
 PHONE #: _____
 CELL PHONE #: _____
 E-MAIL: _____

For the purpose of obtaining the benefits of the exemption provided for in Section 511 of the Servicemembers Civil Relief Act (SCRA), I, the undersigned applicant, hereby state under penalty of perjury, that:

1. I am/was a **temporary resident** of the State of Rhode Island.
2. I am a legal resident of the State of _____
3. I have not claimed a Veteran's Exemption in any community in Rhode Island, nor have I registered to vote in Rhode Island.
4. I am serving in the US _____ and have served continuously from _____ to the present date (if discharged, give date of discharge): _____
5. This application for exemption is made on motor vehicles in my name, located/formerly located at;
 Address _____ City/State/Zip _____
6. I understand that the exemption does not apply to my dependents. I also understand that my motor vehicles are exempt only as long as I am stationed in Rhode Island under military orders. Once I transfer, or am discharged from military service, I must turn the Rhode Island plates over to the DMV within thirty days after leaving Rhode Island. The address to return plates is: **DMV, 100 Main Street, Pawtucket Rhode Island 02860**. I will request a plate return receipt (TR-3) for documentation purposes
7. In order to prove residence and active duty status, the Assessor's Office will require a copy of your orders stationing you in Rhode Island and your latest Leave & Earning Statement (LES). If you have already left the area/military services and are applying for this exemption retroactively, you will also need to submit a copy of your orders to new duty station or your discharge
8. I fully understand that this exemption is only effective for the time period that I am stationed in Rhode Island under military orders and should I chose to keep the Rhode Island plates after my orders are fulfilled, I then become liable for taxes.

Signature: _____
 Print Name: _____
 Date Signed: _____

NOTARY PUBLIC OR LEGAL OFFICER

State of Rhode Island

County of _____
 Subscribed and sworn to before me at _____ this _____ day of _____ **20**
 My commission expires: _____
 Date of Expiration _____ Signature of Notary _____

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED