

Town of Barrington

Application For Tax Exemption
283 County Road
Barrington, RI 02806



Date: _____

Applicant's Name: _____

Spouses Name: _____

Legal Address: _____

Legal Address: _____

Previous Address: _____

Previous Address: _____

Date of Birth: _____

Date of Birth: _____

RI Driver's License #: _____

RI Driver's License #: _____

Are you a registered voter in Barrington?

Are you a registered voter in Barrington?

Yes _____ No _____

Yes _____ No _____

Do you own **any** other real estate, either in or out of RI?

Do you own **any** other real estate, either in or out of RI?

Yes _____ No _____

Yes _____ No _____

If yes, where: _____

Branch of Service: _____

Date of Entry: _____

Date of Discharge: _____

Name of Vet (if deceased): _____

Proof of Death: _____

Applicant's Signature _____

Date _____

Spouses Signature (if applicable) _____

Date _____

This form must be returned to the Assessor's Office on (or before) March 15th.

NOTARY PUBLIC State of Rhode Island

County of: _____ State of: _____

Subscribed and sworn to before me at _____ (time) this the _____ day of _____ 20____

My commission expires: _____ (Date of Expiration) _____ (Signature of Notary)

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

FOR ASSESSOR'S OFFICE USE ONLY

RE: _____ MV: _____ Plat: _____ Lot: _____

RE Account Number: _____ MV Account Number: _____

DD-214 Provided Meets Qualifying Dates Approved Denied

Signature: _____ Date: _____