



# TOWN OF EXETER, RI

**Kerri A. Petrarca, RICA**  
Tax Assessor

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## Application for Veteran's Tax-Exemption, Exeter RI

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Are you a legal resident of The State of Rhode Island? \_\_\_\_\_

Have you applied for a Veteran's Exemption in other Town, City, or State? \_\_\_\_\_

If So, Where? \_\_\_\_\_

Do you own property in any other Town, City or State? \_\_\_\_\_

If yes, Provide Address: \_\_\_\_\_

Birth Date \_\_\_\_\_ License Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Exemption to be applied to:

Real Estate \_\_\_\_\_ Address \_\_\_\_\_ Parcel \_\_\_\_\_

I, \_\_\_\_\_, Do hereby swear or affirm  
that the above information is true to the best of my knowledge and belief.

Signed \_\_\_\_\_

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

Witness/Notary \_\_\_\_\_

(APPLICATION MUST BE ACCOMPANIED WITH A COPY OF THE MOST RECENT DD-214)