



Town of North Smithfield
Veterans/Disabled Veteran Exemption
Tax Assessor Office

Application must be filed with the Tax Assessor's Office on or before December 31st

Applicants Name: _____ DOB: _____

Property Address: _____

Conflict you served in: _____

Date Enter: _____ Date of Discharge: _____

Are you receiving a veteran exemption in any other city or town in Rhode Island?

- ☐ Yes *if yes list address _____
- ☐ No

Check one:

- ☐ Veteran
- ☐ Unmarried Surviving Spouse of a Veteran
Veterans Name: _____ DOD: _____
- ☐ 100% Service-Related Disabled Veteran
- ☐ Unmarried Surviving Spouse of a 100% Service-Related Disabled Veteran
Veterans Name: _____ DOD: _____

I do hereby swear or affirm that the above information is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Application must be submitted with a copy of your

Discharge Paperwork (DD-214) and a copy of your photo ID

100% Disability applications must be submitted with a copy of an award letter stating percent disabled

Assessing Personnel Only

TAX YEAR: _____

PARCEL ID: _____

ACCOUNT NUMBER: _____

Tax Assessor/Deputy