



TOWN OF SOUTH KINGSTOWN
DEPARTMENT OF ASSESSMENT
180 HIGH STREET
WAKEFIELD, RHODE ISLAND 02879

APPLICATION FOR VETERAN'S EXEMPTION

NAME: _____

CONTACT PHONE NUMBER: _____

MAILING ADDRESS: _____

PRESENT RESIDENCE IN TOWN/CITY OF: _____

BRANCH OF SERVICE: _____

DATE OF ENLISTMENT OR INDUCTION DATE OF DISCHARGE: _____

ARE YOU RECEIVING A VETERAN'S EXEMPTION IN ANY OTHER TOWN/CITY? _____

IF YES, WHAT TOWN/CITY? _____

LOCATION OF REAL ESTATE: _____

IF YOU ARE A REGISTERED VOTER, PLEASE STATE WHAT TOWN/CITY: _____

APPLICANT SIGNATURE: _____ DATE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20____,

NOTARY PUBLIC

FORM CAN BE EMAILED TO: TOWNASSESSOR@SOUTHKINGSTOWNRI.GOV