

**TOWN OF NORTH SMITHFIELD
SENIOR EXEMPTION**

Date: _____

(Please Print)

Name: _____

Residence Address _____

How long a resident of above address: _____

Previous Address: _____

Are you a legal resident of Rhode Island? Yes No

Have you registered to vote? Yes No

In what City or Town? _____

Assessor's Plat _____ Lot _____

Age: _____ Birth Date: ____/____/____

Do you reside at the above address for 12 months of each year? Yes No

If not, explain: _____

Single Married if married, name of spouse _____

Age: _____ Date of Birth _____ Place of Birth _____

I (we) the undersigned _____, do hereby swear or affirm that the above information is true, correct, and complete to the best of my (our) knowledge and belief.

If exemption is marital, both
Husband and wife must sign

Book: _____ Page: _____ Rec. Date: ____/____/____ JT T/C T/E

ASSESSOR

PERSONS 65 YEARS OF AGE OR OLDER MUST FILE WITH THE NORTH SMITHFIELD TAX ASSESSOR ON OR BEFORE MIDNIGHT OF THE THIRTY-FIRST DAY OF DECEMBER, REQUESTING SAID EXEMPTION.