

TOWN OF NORTH SMITHFIELD VETERANS EXEMPTION

Service Number: _____

U.S.A: _____

DATE APPLIED: ____/____/____

U.S.N: _____

REAL ESTATE:	<input type="checkbox"/>	NO DUPLICATES
MOTOR VEHICLE:	<input type="checkbox"/>	

U.S.M.C.: _____

U.S.A.F: _____

U.S.C.G: _____

The undersigned represents that he is *(she is the unmarried widow)* _____
 who served in the armed forces of the United States of America in _____ war and was
 honorably discharged therefrom, the date of active duty being ____/____/____
 and the date of discharge ____/____/____; that he or she is not receiving any other veteran exemption
 in any other city or town in the state of Rhode Island.

et _____
 Signature of Applicant

 Address of Applicant

 Date of Birth

Office Use Only

Discharge Inspected:

____/____/____
 Date

Plat ____ / Lot ____
 If Applicable

 Inspected By

 TAX ASSESSOR

A PERSON MUST FILE WITH THE NORTH SMITHFIELD TAX ASSESSOR ON OR BEFORE MIDNIGHT THE THIRTY-FIRST DAY OF DECEMBER, REQUESTING SAID EXEMPTION.