

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