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  ☐
ASSESOR