



Department of the Tax Assessor
 1385 Hartford Avenue
 Johnston, Rhode Island 02919
 Telephone Number 351-6618

Application for Veteran/Veteran Widow or Disabled Veteran Exemption

DATE OF FILING: _____
 ACCOUNT NO: _____ PLAT: _____ LOT: _____

WHAT EXEMPTION ARE YOU APPLYING FOR: Check all that apply
 _____ VETERAN
 _____ VETERAN WIDOW
 _____ DISABLED VETERAN

NAME OF VETERAN: _____
 NAME OF WIDOW: _____
 (IF VETERAN DECEASED)
 ADDRESS: _____

For the purpose of obtaining the benefits of the exemption extended to Veterans under the General Laws of Rhode Island 44-3-4 as amended, I, the undersigned, do hereby make application to the Town of Johnston:

- City or Town where exemption was previously granted (if applicable) _____
- That I am a legal resident of the Town of Johnston
- That I am not a dishonorably discharged veteran

DATE OF INDUCTION: _____ DATE OF DISCHARGE: _____
 BRANCH OF SERVICE: _____ SERVICE NUMBER: _____

APPLY EXEMPTION TO:
 REAL PROPERTY PLAT _____ LOT _____
 MOTOR VEHICLE _____

- TO BE SUBMITTED WITH APPLICATION:
- ✓ For Veteran only: DD214 Separation Form or Discharge
 - ✓ For Widow of Veteran: Please include copy of death certificate with DD214/Discharge
 - ✓ For Disabled Veteran: Verification from Veteran's Administration of Disablement plus DD214/Discharge

APPLICANT SIGNATURE: _____

APPROVED _____ REJECTED _____ REASON: _____