



# Town of Barrington

Application For Tax Exemption  
283 County Road  
Barrington, RI 02806

*Under Rhode Island General Law 44-3-5.2 and 44-3-4 and 44-3-5*

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

RI Driver's License #: \_\_\_\_\_

Are you a registered voter in Barrington?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own **any** other real estate, either in or out of RI?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Name of Vet (if deceased): \_\_\_\_\_ Proof of Death: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouses Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

**This form must be returned to the Assessor's Office on (or before) March 15th.**

## NOTARY PUBLIC

*State of Rhode Island*

County of: \_\_\_\_\_ State of: \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_ (time) this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires: \_\_\_\_\_ (Date of Expiration) \_\_\_\_\_ (Signature of Notary)

**THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED**

FOR ASSESSOR'S OFFICE USE ONLY

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

RE Account Number: \_\_\_\_\_

☐ DD-214 Provided ☐ Approved ☐ Denied ☐ Reason for denial \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_