

TOWN OF GLOCESTER
OFFICE OF THE TAX ASSESSOR
1145 Putnam Pike, P.O. Box B
Chepachet, R.I. 02814-0702
(401) 568-6206 ext. 3 fax (401) 568-5850

Disability Tax Exemption - Must be filed by **March 15** of the year the exemption is sought.

Date _____

* Please note: this exemption will need to be renewed each year.

Account #: _____

Applicant Name: _____

Address: _____

Mailing Address (only if different than above): _____

Date of Birth: _____ **Age as of 12/31:** _____

Phone No: _____ **RI Driver's License #** _____ **RI License Plate #** _____

Plat/Lot: _____ **Deed Date** _____ **Deed Book/Page** _____

Physician's Statement – Must be signed before a notary.

I certify that _____ became 100% permanently disabled on _____.

Physician's Name – PLEASE PRINT

Physician's Address

Physician's Phone

Signature of Physician

Date

Subscribed and sworn before me on this _____ (st/nd/rd/th) day of _____ Year _____

Notary Public

Tax Payer's Statement

1. Is the house you seek to qualify for an exemption your legal residence? Yes No
2. Are you registered to vote in the Town of Glocester? Yes No
3. Do you own any other property (including in town)? Yes No (*If no, skip to item 4.*)
 - a. If yes, please list all property addresses on the back of this sheet.
 - b. Do you receive any personal exemptions on any other property? Yes No
4. I give permission to the Assessor to contact my physician if more information is needed.
5. The information provided on the petition is truthful. If any of the above information changes, I agree to notify the Tax Assessor of the Town of Glocester as soon as possible and understand that any changes may adversely affect my continued eligibility for this exemption.
6. I am a resident of the Town of Glocester and **do not claim any exemptions in any other state or Rhode Island municipality. I hereby make application for a disability exemption and upon oath do make affidavit and swear to the truth of the following under penalty of perjury.**

Signature of Applicant

Subscribed and sworn before me on this _____ (st/nd/rd/th) day of _____ Year _____

Notary Public

Assessor's Use Only

Approved **Denied – Reason:** _____

Signature of Assessor