

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

Elderly 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 12/31/20:** _____

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

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

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. What is the address of the property? _____
If you own more than one property or need more space, please list all property addresses on the back of this sheet.
 - b. Do you receive any personal exemptions on said property? Yes No
4. 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.
5. 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 an elderly 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