

**VETERAN'S EXEMPTION APPLICATION
TOWN OF JAMESTOWN, RI**

Name of Applicant _____ Service No. _____

Permanent Home Address _____

Previous Address _____

How Long Have You Resided In Jamestown? _____ In Rhode Island? _____

Have you applied for veteran's exemption in any other community at any time? _____

If so, where? _____

Have you registered to vote in RI? _____

If so, where? _____

Date of Entry? _____ Date of Discharge? _____

Branch of Military Service you served in? _____

I, the undersigned (print) _____ do hereby swear or affirm that the answers to the above questions are true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____ DATE _____

ASSESSOR OR NOTARY PUBLIC _____

TAX ASSESSOR'S APPROVAL _____

DATE _____

This application must include a copy of DD214 Discharge form