



City of East Providence

MAYOR ROBERTO L. DASILVA
DEPARTMENT OF FINANCE
CITY HALL
145 TAUNTON AVENUE
EAST PROVIDENCE, RHODE ISLAND 02914-4505

ASSESSMENT DIVISION **OVER 65 EXEMPTION (Age 65 prior to or on 12-31)**
(PLEASE SUBMIT WITH A COPY OF ID)

Applicant's Name: _____ Co-Owner/Spouse: _____

Legal Address: _____ Legal Address: _____

Previous Address: _____ Previous Address: _____

City/State: _____ City/State: _____

Phone: _____

Date of Birth: _____ Date of Birth: _____

RI Driver's License #: _____ RI Driver's License #: _____

License Plate #: _____ License Plate #: _____

Are you a registered voter in East Prov.? Yes No Are you a registered voter in East Prov.? Yes No

Do you own other real estate in Rhode Island, or any other state? Yes No

If yes, Address/City/State: _____

Do you receive an exemption in any other community or state? Yes No

If yes, City/State: _____

DWELLING INFORMATION:

SINGLE FAMILY TWO-FAMILY THREE-FAMILY FOUR-FAMILY

CONDOMINIUM BUSINESS/RESIDENTIAL COMBINATION OTHER

TAXPAYER'S STATEMENT:

I/We certify that I/We are **FULL-TIME** residents of the City of East Providence, and are the **OWNERS AND OCCUPANTS** of the property listed above.

Applicant's Signature: _____ Date: _____

Co-Owner/Spouse Signature: _____ Date: _____

FORM MUST BE RETURNED TO THE ASSESSOR'S OFFICE ON (OR BEFORE) MARCH 15th

ASSESSOR'S OFFICE USE ONLY: Account Number: _____ Map: _____ Block: _____ Parcel: _____

Proof of Age: _____ Proof of Age: _____

50% preconsumer content  10% postconsumer content

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