

**Application For Blind Tax Exemption
OFFICE OF TAX ASSESSOR
Town of North Kingstown**

Date of Filing _____

Name: _____

Permanent Home Address: _____

Telephone Number: _____

Are you a Legal Resident of the State of Rhode Island?

Yes No

What date did you move to North Kingstown? _____

I request that this exemption, if granted, be applied against the following:

Real Estate Location: _____ Plat _____ Lot _____

Automobile: Year _____ Make _____ Model _____ Reg _____

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

Applicant Sign Here _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public or Assessor

Award Letter received this _____ day of _____ 20____

* Application must be received by March 15, 20____