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**TOWN OF CUMBERLAND
APPLICATION FOR 100% SERVICE CONNECTED DISABILITY**

THE APPLICANT MUST PRESENT A COPY OF THE DECLARATION OF 100% TOTAL DISABILITY DUE TO A SERVICE CONNECTED CONDITION AS STATED BY THE DEPARTMENT OF VETERAN'S AFFAIRS. (REGIONAL OFFICE, 380 WESTMINSTER STREET, PROVIDENCE, RI)

DATE: _____

PLAT/LOT: _____

PROPERTY LOCATION:

PROPERTY OWNER(S):

Name: Please Print

Social Security Number: _____ **Age:** _____ **D.O.B** _____

Address: _____ **Telephone:** _____

Signature of Owner/Applicant: _____ **Date:** _____

APPROVED: **YES** **NO** _____

Reason for Denial

Assessors Office Signature: _____ **Date:** _____

Please Include Title