



45 BROAD ST
P.O. BOX 7
CUMBERLAND, RI 02864

**APPLICATION FOR TOTALLY DISABLED/SERVICE-CONNECTED
DISABILITY EXEMPTION**

In accordance with Code of Ordinances 36-1-(a)4 and RI General Law 44-3-4(c)

**THE APPLICANT MUST PRESENT A COPY OF THE DECLARATION OF TOTALLY
DISABLED 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:

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