



45 Broad Street
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 THEIR DD-214 AND 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, 38- WESTMINISTER 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