



Town of Bristol, Rhode Island

Disabled Veteran Exemption Application Form

Qualifications: Applications for the exemption must be submitted prior to March 15th of the current calendar year.

Applicant's Full Name: _____ Date of Birth: _____

Driver's License #: _____ State Issued I.D. #: _____

Email Address: _____ Phone Number: _____

Spouse's Name: _____ Date of Birth: _____

Property Address: _____

Are you a legal resident of Bristol? Yes: No:

Are you registered to vote in Bristol? Yes: No:

Are you receiving any other exemptions? Yes: No:

If yes, please specify: _____

Please provide a copy of your most recent Veterans Benefits Administration Statement.

By signing below, I swear that the information provided in this application is accurate to the best of my knowledge. I further understand that statements found to be false may result in the denial of this application and revocation of tax exemptions.

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

For Tax Assessor's Use Only

Account Number: _____ Plat: _____ Lot: _____

Percentage of Disability: _____ % Exemption Amount: \$ _____

Approved: Denied: Signature: _____ Date: _____