



Town of Bristol, Rhode Island

100% Disability 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: _____
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: _____
License Plate #: _____

Please provide a copy of your current vehicle registration.

By signing below, I swear that the information provided in this application is accurate to the best of my knowledge. I understand that my vehicle must be inspected by the Tax Assessor prior to receiving exemption approval. 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: _____

For Tax Assessor's Use Only

Account Number: _____ Plat: _____ Lot: _____

Approved: Denied: Signature: _____ Date: _____