

Col. Mark Knott
Town Manager



Salvatore Saccoccio Jr
Tax Assessor

Robin Fountaine
Deputy Assessor

TOWN OF WEST WARWICK 2025

APPLICATION FOR ELDERLY EXEMPTION RESIDENTIAL REAL
ESTATE—65 YEARS OR OLDER

NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ PLACE OF BIRTH _____

PHONE # : _____

PROOF OF AGE ATTACHED: _____

NOTE; EXEMPTION APPLIES ONLY TO THOSE LEGAL RESIDENTS OWNING REAL ESTATE

The Property on which Exemption is Requested is Owned:

- A. Solely by me: _____
- B. Jointly with: _____ DOB _____

I hereby swear under penalty of perjury that I actually reside at the above address, and that all the foregoing information is true and correct.

Date _____ Signature of Applicant _____

ASSESSOR'S OFFICE USE

Plat _____ Lot _____ Year Start _____

Approved _____ Date _____