

**TOWN OF JAMESTOWN  
SOLDIER/SAILOR EXEMPTION APPLICATION**

NAME: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

JAMESTOWN ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

For the purpose of obtaining the benefits of the exemption provided for in Section 514 of the "Soldiers' and the Sailors' Civil Relief Act of 1940, as amended and as extended by the Selective Service Act of 1948, I, the undersigned applicant, hereby state under the penalty of perjury:

1. Than I am/was a temporary resident of the State of Rhode Island.
2. That I am a legal resident of the State of \_\_\_\_\_.
3. That I have not registered to vote nor claimed a Veterans' Exemption in any community in the State of Rhode Island.
4. That I am now serving in the U.S. \_\_\_\_\_, and have served continuously from \_\_\_\_\_ to the present date.
5. That application for exemption is made on my personal property (including motor vehicles) located at or formerly located at \_\_\_\_\_, Jamestown, RI
6. That none of the personal property described in Paragraph 5, is used in, or arises from, a trade or business.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Assessor

\_\_\_\_\_  
Date

**MAIL THIS FORM ALONG WITH COPY OF LEAVE AND EARNINGS STATEMENT  
AND YOUR COMMANDING ORDERS TO:**

**TAX ASSESSOR  
93 NARRAGANSETT AVENUE  
JAMESTOWN, RHODE ISLAND 02835**