

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

NAME: _____ **SERVICE #** _____

LEGAL ADDRESS: _____

CITY/STATE: _____

JAMESTOWN 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. That 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.
7. That I understand this exemption does not apply to my dependents.

Applicant's Signature

Date

Tax Assessor

Date

MAIL THIS FORM ALONG WITH COPY OF LEAVE AND EARNINGS STATEMENT TO:

**TAX ASSESSOR'S OFFICE
93 NARRAGANSETT AVENUE
JAMESTOWN, RHODE ISLAND 02835**