



45 Broad Street  
P.O. Box 7  
Cumberland, RI 02864

**APPLICATION FOR TOTALLY DISABLED/SERVICE-CONNECTED DISABILITY EXEMPTION**

**In accordance with Code of Ordinances 36-1-(a)4 and RI General Law 44-3-4(c)**

**THE APPLICANT MUST PRESENT A COPY OF THEIR DD-214 AND A COPY OF THE DECLARATION OF TOTALLY DISABLED DUE TO A SERVICE-CONNECTED CONDITION AS STATED BY THE DEPARTMENT OF VETERAN'S AFFAIRS. (REGIONAL OFFICE, 38- WESTMINISTER STREET, PROVIDENCE, RI).**

**DATE:** \_\_\_\_\_

**PLAT/LOT:** \_\_\_\_\_ / \_\_\_\_\_

**PROPERTY LOCATION:**  
\_\_\_\_\_

**PROPERTY OWNER:**

*Name: Please Print*

**Social Security Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature of Owner/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVED: YES**  **NO**  \_\_\_\_\_

*Reason for Denial*

**Assessors Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Please Include Title*