



TOWN OF BRISTOL, RHODE ISLAND

APPLICATION FOR 100% DISABILITY EXEMPTION

THIS FORM MUST BE RETURNED BY MARCH 15

NAME _____

ADDRESS _____

DATE OF BIRTH _____ / _____ / _____
Month Day Year

DAYTIME TELEPHONE NUMBER _____

EVENING TELEPHONE NUMBER _____

ACCOUNT NO _____ PLAT _____ LOT _____

ANNUAL GROSS INCOME \$ _____ (include total household income.)

**PLEASE NOTE:
(FEDERAL INCOME TAX RETURN OR SOCIAL SECURITY BENEFIT
STATEMENT MUST BE INCLUDED)**

I do hereby swear or affirm that the answers to the above questions are true to the best of my knowledge.

SIGNATURE _____ DATE _____

APPROVED _____ DATE _____
(Tax Assessor's Signature)

****APPLICANT MUST APPLY BY MARCH 15TH OF EACH YEAR.**