



TOWN OF SMITHFIELD

TAX ASSESSOR

DREW MANLOVE, MAA – TOWN ASSESSOR
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APPLICATION FOR TAX FREEZE/EXEMPTION

APPLICANT INFORMATION

Name: _____	Phone #: _____
No. & Street: _____	Plat: _____ Lot: _____
City, State, Zip _____	# Living Units: _____
	<input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4+

ELIGIBILITY

- I have included with this application a copy of my birth certificate to prove that I am at least sixty-five (65) years of age.
- I have owned and resided in the real estate listed above for at least ten (10) years.
Deed Date: _____ Deed Book: _____ Deed Page: _____
- I have included with this application a copy of my driver's license *or* voter registration certificate to prove that I am a legal resident of the Town of Smithfield.
- I am not receiving a residency-based tax exemption on any property located outside of Smithfield. I have listed below all additional residential real estate owned:

- I understand that I am required to submit proof of continued residency to the Assessors Office annually by March 15 in order to retain eligibility for this benefit.

- *Please submit form in person at the Assessors Office, 64 Farnum Pike in Smithfield.*

**PLEASE SIGN AND
NOTARIZE HERE**

I declare, under penalties of perjury, that the information provided herein is true, correct, and complete, that I occupy the property applied for, and that I do not receive any tax exemptions in another jurisdiction that would negate this exemption in Smithfield.

Owner Signature _____ Date _____

State of Rhode Island, Providence County

Subscribed and sworn to me by _____

This _____ day of _____, _____

My commission expires _____

Notary Public