

Initial tax year applying for: _____

**APPLICATION FOR VETERAN'S
SURVIVING SPOUSE MILITARY CREDIT**

TO: Board of Selectmen/Assessor, Town of Exeter

Name(s) of Applicant(s) _____

Location of Property: _____

Telephone Number _____

MAP # _____ LOT # _____ UNIT # _____

Please include a copy of your DD214 discharge papers or qualifying discharge papers and documentation that the deceased was killed or died while on active duty

Signature(s) of Applicant(s) _____

Mailing Address: _____

Disposition of Application (for Selectmen/Assessor use)

Granted _____ Denied _____ Credit Allowed \$ _____

Signature of Assessor

Date

(Signatures of Selectmen/Assessor)