

Date Received
Application #
Parcel ID

THE COMMONWEALTH OF MASSACHUSETTS
HOLLISTON

VETERAN
FY APPLICATION FOR STATUTORY EXEMPTION
GENERAL LAWS CHAPTER 59, SECTION 5

[] THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(SEE GENERAL LAWS CHAPTER 59, SECTION 60)

[] Must be filed with Board of Assessors on or before December 15
Or 3 months after actual(not preliminary) tax bills are mailed
for Fiscal year, if later.

Complete all sections fully. (Please print or type.)

A. Identification

Name of Applicant _____

Social Security No. _____ Marital Status _____

Legal Residence (domicile) on July 1 _____

Mailing address (if different) _____

Location of Property _____

Did you own the property on July 1, ____ ____? Yes ____ No ____

If yes, were you ____ Sole Owner ____ Co-owner with Spouse only ____ Co-owner with others

Was the property subject to a trust as of July 1, ____? ____ Yes ____ No

(if yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? ____ Yes ____ No

If yes, name of city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS USE ONLY)

____ Ownership	____ GRANTED	Assessed Tax _____
____ Occupancy	____ DENIED	Exempted Tax _____
____ Status	____ DEEMED DENIED	Adjusted Tax _____

BOARD OF ASSESSORS

Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert./Notice sent _____

Exemption: Clause _____ Date _____

