

**UNION FIRE DISTRICT OF SOUTH KINGSTOWN  
APPLICATION FOR TAX RELIEF ORDINANCE 2024-01**

**Application Deadline:** November 1, 2025

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**Instructions:**

Please complete the following application in its entirety. All sections must be filled out and the application must be submitted to the Chief Pinch on or before **November 1st** for the tax relief to be applied.

**Eligibility Requirements:**

To qualify for tax relief, applicants must meet one of the following criteria:

- **Firefighters qualified for the District's LOSAP program** during the tax assessment period
- **Life members**, as verified by District Station Captains and Presidents
- **Spouses/domestic partners of deceased life members**

Additionally, the applicant must:

- Be in good standing with the district.
- Be the titled owner of the property for which tax relief is requested, and occupy the property as their primary residence.

Please submit this application to Chief Pinch office by **November 1st**.

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**Personal Information:**

**Full Name of Applicant:**

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**Street Address of Property for Tax Relief:**

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**Phone Number:**

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**Email Address:**

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**Eligibility Criteria:**

**1. Tax Relief Type (Select one):**

- ☐ Firefighter (qualified for the District's LOSAP program)
- ☐ Life Member (verified by District Station Captain/President)
- ☐ Spouse/Domestic Partner of Deceased Life Member

**2. Primary Residence:**

- ☐ I hereby certify that the property listed above is my primary residence.
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**Supporting Documentation:**

**Please submit the following documentation with your application:**

- **Firefighters:** Proof of qualification for the District's LOSAP program for the applicable year.
  - **Life Members:** Verification from a District Station Captain or President of your status as a life member.
  - **Spouses/Domestic Partners of Deceased Life Members:** Proof of relationship and death certificate of the deceased life member.
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**Applicant's Signature:**

By signing below, I certify that all the information provided in this application is true and correct to the best of my knowledge. I further acknowledge that any false information may disqualify me from receiving tax relief. I understand that this application must be submitted annually, with necessary documentation, and any changes in my eligibility status will be reported to the Union Fire District.

**Signature of Applicant:**

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**Date:**

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**Office Use Only:**

**Application Received By:**

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**Verification Status:**

☐ Approved

☐ Denied

**Reason for Denial (if applicable):**

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**Date Approved/Denied:**

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**Contact Information:**

For questions or assistance with this application, please contact the Union Fire District of South Kingstown's Chief's office:

**Phone:** 401-789-8354

**Email:** [spinch@unionfiredistrictri.gov](mailto:spinch@unionfiredistrictri.gov)

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