

KENNETH J. SWAIN
Tax Assessor
Assessor@CharlestownRI.org



TOWN OF CHARLESTOWN

4540 SO. COUNTY TRAIL
CHARLESTOWN
RHODE ISLAND 02813
Tel. (401) 364-1233
Fax (401) 364-1238

ANNUAL REAL ESTATE ACCOUNT FILING

Name _____

Address _____

Assessment Year _____

Property Location _____

Map/Lot _____

Land Value _____

Building Value _____

Total Value _____

I, _____ do hereby attest that this is the claimed full value of my property for the ensuing tax year and am filing an account of such value to meet the requirements of R.I.G.L 44-5-15.

SIGNATURES:

Owner

Date

Co-Owner

Date