

RHODE ISLAND DIVISION OF MOTOR VEHICLES

AFFIDAVIT - TAX SITUS OF VEHICLE

I hereby certify that the following information is true and accurate:

1. My name is _____

2. The address on my Operator's License is _____

[If your address is now different from the address on your Operator's License, you must complete and file with the DMV a change of address form. You can do this by going to the DMV website (www.dmv.ri.gov) and either complete the change of address on line or print off the form and mail it to the DMV at the address indicated on the form.)

3. I am the owner of the vehicle with vehicle registration _____, plate type _____, and VIN _____.

4. **The above-referenced vehicle will be customarily kept** at the following address: _____, which is taxed by the city or town of: _____.

Print Name

(_____) _____ - _____
Phone number

Sign Name

Dated: _____

ACKNOWLEDGEMENT – THIS SECTION MUST BE COMPLETED

State of Rhode Island, County of _____

On _____ [insert date] _____, [insert name] known to me, appeared before me and acknowledged his/her signature to be his/her free act and deed.

Notary Public

WITNESS my hand and official seal.

Signature _____

My commission expires on _____

INSTRUCTIONS: Complete this form, have your signature notarized and mail the completed form back to the Division of Motor Vehicles, 600 New London Ave., Cranston, RI 02920-3020. Please do not bring this form to AAA or a Municipal Tax Assessor's office.