



# NORFOLK

## OFFICE USE ONLY

Tax Year	Pin #	Acct. #	

### Real Estate Tax Exemption Application Surviving Spouse of First Responder Killed in Action

Your home address to claim for real estate tax exemption:

Is this your principal place of residence?

Print name of first responder killed in action, name of surviving spouse and any additional owners who occupy the above property for which the exemption is being claimed:

Name of First  
Responder\_\_\_\_\_

Name of Surviving Spouse\_\_\_\_\_

Additional Owner(s)\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. I certify that the information contained on this application is complete and accurate.

Signature of Surviving Spouse

Telephone Number

Submit this application along with the supporting documentation to the address below:

**Mail or Drop Off Application**  
**Department of Human Services**  
**741 Monticello Ave**  
**Norfolk, VA 23510**

**For Information/Inquires**  
**757-823-1130**  
**Fax 757-664-3275**