

**STATE OF RHODE ISLAND  
DEPARTMENT OF REVENUE  
DIVISION OF MUNICIPAL FINANCE**

**MUNICIPAL TRIENNIAL UPDATES  
PROGRAM NARRATIVE REPORT**

MUNICIPALITY: \_\_\_\_\_

REPORTING PERIOD **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

ACCOMPLISHMENTS TOWARD GOALS AS DESCRIBED IN THE CONTRACT:

OTHER PERTINENT INFORMATION:

\_\_\_\_\_

ASSESSOR

\_\_\_\_\_

DATE

**PLEASE RETURN COMPLETED REQUEST FOR REIMBURSEMENT TO:**

JAMES T. NEARY  
DIVISION OF MUNICIPAL FINANCE  
ONE CAPITOL HILL, 4<sup>th</sup> FLOOR  
PROVIDENCE, RI 02908