

Jefferson County Emergency Ambulance Service Fee

Exoneration/Modification Request

Jefferson County, West Virginia

Date: _____

I hereby request a review by the Jefferson County Commission. I believe there to be an error in the amount I was billed for the Emergency Ambulance Service Fee.

Amount billed: _____

I believe I qualify for the fee assessment circled:

Residence - \$40

Business - \$85

Farm Exemption - \$40

Homestead Exemption

(no commercial retail open to the public)

50% off approved parcel

Proof of exemption must be included with this form

RETURN THIS FORM BY SEPTEMBER 30TH

Describe the reason for this request:

Printed Name

Signature

Address

Phone number

Do not write below this line---For Official Use Only

Approved / Denied

Date: _____

Reason: _____
