

Jefferson County Emergency Ambulance Service Fee  
**Exoneration/Modification Request**  
Jefferson County, West Virginia

Date: \_\_\_\_\_ Customer # \_\_\_\_\_ Invoice # \_\_\_\_\_

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:

<u>Residential:</u>	<u>Non-Residential:</u>
<ul style="list-style-type: none"><li>• Non-Owner Occupied - \$50</li><li>• Owner Occupied or Farm Use - \$39 (No commercial retail open to the public)</li><li>• Homestead Exemption-\$20 (Assessor approved parcel only)</li></ul>	<ul style="list-style-type: none"><li>• 10,000 sf or less - \$90</li><li>• 10,001 sf to 20,000 sf - \$200</li><li>• 20,001 sf to 65,000 sf - \$512</li><li>• 65,001 sf to 360,000 sf - \$1,875</li><li>• 360,001 sf or greater - \$33,400</li></ul>

**Proof of exemption must be included with this form**  
**RETURN THIS FORM BY SEPTEMBER 30<sup>TH</sup>**

Describe the reason for this request:

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Printed Name

Signature

Address

Phone number

Email Address

Do not write below this line—For Official Use Only

Approved / Denied \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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