

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

Email Address

Do not write below this line—For Official Use Only

Approved / Denied _____ Date: _____

Reason: _____
