



Hampshire County Emergency Ambulance Service Fee
EXEMPTION REQUEST
Hampshire County, West Virginia

Date of Request: _____

2024 Ticket Number: _____

Amount Billed: _____

I hereby request a review by the Hampshire County Commission. I believe there to be an error in the ticket I received for the Emergency Ambulance Fee. Describe the reason for this request. The reason must comply with the guidelines established in the Emergency Ambulance Service Fee Ordinance. **(Proof of exemption must be included with this form including printed pictures and current use of structure.)**

EXEMPTION REQUEST MUST BE BASED ON REASONS INDICATED IN THE EMERGENCY AMBULANCE SERVICE FEE ORDINANCE AND BE SUBMITTED BY SEPTEMBER 1, 2024 TO BE CONSIDERED.

REASON FOR REQUEST: _____

Printed or Typed Name

Signature

Address

Phone Number

**RETURN THIS FORM BY SEPTEMBER 1, 2024 TO:
HAMPSHIRE COUNTY SHERIFF & TREASURER'S OFFICE
66 NORTH HIGH STREET, ROOM 105
ROMNEY, WV 26757**

Do not write below this line – For Official Use Only

Approved _____

Denied _____

Signature/Date: _____