

Hampshire County Emergency Ambulance Service Fee

Exoneration / Modification Request

Hampshire County, West Virginia

Date: _ _ _ _ _

Ticket Number : _____

I hereby request a review by the Hampshire 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 exemption checked below;

Erroneous billing

No living unit

Uninhabitable

Proof of exemption must be included with this form

RETURN THIS FORM BY SEPTEMBER 30TH

Hampshire County Sheriff & Treasurers Office

66 N High Street, Room 105

Romney, WV 26757

Describe the reason for this request:

Printed or Typed Name

Signature

Address

Phone number

Do not write below this line-For Official Use Only

Approved _____ / Denied _____

Date: _ _ _ _ _

Reason: _____
