

Fire Service Fee Hardship Exemption Request

Year _____ Ticket # _____ Acc.# _____ Date _____

Name of Property Owner: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone number: _____

Present this form along with at least two months of income verification for all the members that live in the household to:

Sheriff of Randolph County
4 Randolph Ave, Suite 100
Elkins WV 26241

Income guidelines: How many live in the household _____

<u># of persons in household</u>	<u>125% Poverty Guidelines</u>	<u>Monthly Income</u>
1	\$18,225.00	\$1,519.00
2	\$24,650.00	\$2,054.00
3	\$31,075.00	\$2,590.00
4	\$37,500.00	\$3,125.00
5	\$43,925.00	\$3,660.00

Submitted by: _____ Date: _____

President, Randolph County Commission

Date

If you have any further questions please contact Lutecia at 304-630-6158 or firefee@rcsowv.org