

Fire Service Fee Hardship Exemption Request

Date _____

Year _____ Ticket # _____ Acc.# _____

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 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	\$18,825.00	\$1,568.75
2	\$25,550.00	\$2,129.17
3	\$32,275.00	\$2,689.58
4	\$39,000.00	\$3,250.00
5	\$45,725.00	\$3,810.42

Submitted by: _____ Date: _____

President, Randolph County Commission

Date

If you have any further questions, please contact the Tax Office at 304.636.2100 ext 1
email: firefee@rcsowv.org

* Revised 2/2024