

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	\$19,562.50	\$1,630.21
2	\$26,437.50	\$2,203.13
3	\$33,312.50	\$2,776.04
4	\$40,187.50	\$3,348.96
5	\$47,062.50	\$3,921.88

Submitted by: _____ Date: _____

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

Revised Jan 27, 2025