APPLICATION FOR EXONERATION

BERKELEY COUNTY EMERGENCY AMBULANCE SERVICE FEE

APPLICATION

STATE OF WEST VIRGINIA, COUNTY OF BERKELEY

To the Honorable County Council of Berkeley County, West Virginia:

I, the undersigned applicant, after having been first sworn, depose and say, that it is my judgment, based upon all relevant facts, that the assessment in the _____ District for the **2025-2026** year for Property ID No. _____ made pursuant to the Special Emergency Ambulance Fee Ordinance, Berkeley County, West Virginia, should be exonerated for the following reason:

PAID Primary Prop ID No_____

X _____
Applicant's Signature

X _____
Printed Name

X _____
Phone Number

X _____
Date

Notary of the Public: _____

My Commission Expires: _____

RECOMMENDATION

Upon due consideration, the Application for Exoneration is ☐ Approved ☐ Disapproved this _____ day of _____, 20____.

_____
Berkeley County Emergency Ambulance Authority

ORDER

At a regular term of the County Council of Berkeley County, West Virginia, held at the Courthouse of said County, the Council Members, on the _____ day of _____, 20_____, issued the following order, which was made and entered, to-wit:

The Council ORDERS the Application of Exoneration filed by said applicant is hereby:

☐ DENIED

☐ GRANTED - The fee in question is hereby exonerated and the account holder is relieved of any obligation for payment of fees so assessed in and for the fiscal year **2025**.

Tax Year **2025-2026** Exonerated Amount $ _____

District _____

Property ID _____

_____
President, Berkeley County Council