

**Special Emergency Ambulance Service Fee
Exoneration / Exemption Request Form**

Business Name: _____ **Owner/Contact Name:** _____

Mailing Address: _____

Physical Address (if different): _____

Phone Number: _____

Email Address: _____

Reason for Appeal / Exemption

(Check all that apply)

- Exempt from Sales Tax
- Business Closed
- Other (Please explain below)

Explanation (if "Other" or additional details needed):

Certification

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of this request or further action.

Signature: _____ **Printed Name:** _____

Date: _____

For Office Use Only

Date Received: _____ Reviewed By: _____

Decision:

- Approved Temporary Appeal
- Denied Permanent Exemption

Effective Date: _____

Please return completed form to:

Randolph County Commission
4 Randolph Ave, Suite 207
Phone: 304-636-2057