

SPECIAL EMERGENCY AMBULANCE SERVICE FEE  
EXONERATION FORM

I, \_\_\_\_\_, am requesting exoneration of the billing for the residence structure located at

\_\_\_\_\_

Reference billing # \_\_\_\_\_

- Because: **Circle One:**
- Business Only
  - Erroneous billing
  - Multiple living units for owner use only
  - No living unit
  - Unlivable

PAYMENT REQUEST

I, \_\_\_\_\_, am requesting (monthly payments, quarterly payments of the fee, I understand that Payment in full must be received by June 30<sup>th</sup> . I am requesting to make payments in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by applicant \_\_\_\_\_ date: \_\_\_\_\_

Date: \_\_\_\_\_