



Application for Volunteer Firefighters/Ambulance Workers Exemption

File this form with your local assessor by the taxable status date. See instructions.
Do **not** file this form with the Office of Real Property Tax Services.

Name(s) of owner		
Mailing address of owner(s) (number and street or PO Box)		Location of property (street address)
City, village, or post office	State ZIP code	City, town, or village State ZIP code
Daytime contact number	Evening contact number	School district
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)

Mark an **X** in the appropriate box.

- 1 Is the property your primary residence? Yes No
- 2 Name of the incorporated volunteer fire company, fire department, or incorporated volunteer ambulance service that you serve: _____
 - 2a Have you been an enrolled member of this organization for at least five years? Yes No
If No, specify the number of years you have been enrolled as a member. _____
 - 2b Do you reside in the city, town, or village served by this organization? Yes No
 - 2c Are you an un-remarried spouse of a deceased enrolled member who served for at least five years and who was killed in the same line of duty? Yes No
 - 2d Are you an un-remarried spouse of a member who is deceased and served for at least 20 years? Yes No
- 3 Have you been granted a lifetime exemption in any municipality within the county? Yes No
If Yes, which municipality? _____
- 4 Is any portion of the property used for purposes other than residential, such as farming, commercial, vacant land, or a professional office? Yes No
If No, skip to Certification.
 - 4a What percentage of the property is **not** used for residential purposes? _____
 - 4b Explain such use and describe the portion that is so used. _____

Certification

I (we), _____, hereby certify that the information on this application and any accompanying pages constitutes a true statement of facts.

Signature <i>(All owners must sign this application)</i>	Phone number	Date

Return this form to the **local assessor** by the taxable status date. (See Deadline below.)