

# Certification

For 2024 Assessment Rolls

**Non receipt of this list will result in all member applications for this fire/ambulance department being denied.**

If a member application is denied because no list was supplied, each individual member will be required to supply a letter of certification for the fire / ambulance department to the assessor.

**Return certification sheet BY MARCH 1, 2024 to the local assessor's office.**

**FIRE / AMBULANCE DEPT. NAME:** \_\_\_\_\_

**The member(s) listed below are certified by this department with at least 2 (two) years of active service or**

**Any eligible enrolled member who accrues more than 20 years of active volunteer service.**

**Member Name** \_\_\_\_\_

\_\_\_\_\_

**Signature and title (Chief, Secretary, etc.)**

\_\_\_\_\_

**Date**

**If you already have a list that includes all of the information required, you may submit your existing sheet with this certification page, you do not have to fill in the attached sheet for each member. Please call the assessor's office if you have any questions 607-734-4424 ext. 4.**