

Affidavit & Application for 911 Service Fee Appeal & Refund Application



Hardin County Emergency Services 150

N Provident Way, Suite B104

Elizabethtown, KY 42701

Phone: (270) 737-5669

www.hardincountyky.gov

The Affiant, after being duly sworn, hereby states:

1. Property address: _____

2. Map number: _____

3. Type of structures on site:

☐ Single Family Home ☐ Mobile Home ☐ Multi-Family

☐ Commercial Structures ☐ Industrial Structures

☐ Other: (i.e. storage building) _____

4. _____ # of units on tax bill; _____ # of actual occupied units as of January 1 of current tax year;
_____ # of actual unoccupied units as of January 1 of current tax year

5. Please provide a detailed explanation to support the difference in number of units.
For example: Converted from multi-family to single-family. You may attach additional sheets if needed.

6. Amount of 911 fees paid with your property taxes? \$ _____

7. Amount of refund you are requesting? \$ _____

Applicant's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____ - _____

Email: _____

If you are not the property owner, state your relationship to the property _____

→ SIGNATURE: I hereby certify I represent all owners of the property and the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial of appeal and/or refund and could subject me to criminal prosecution pursuant to KRS 523.040 and or KRS 516.030.

Property owner or representative's signature

Date

Notice: Refunds are available only for unoccupied units. Any appeal of an occupancy or individual unit determination must be made by December 15 of the year for which the fee is due. Submit to Hardin County Emergency Services, P.O. Box 568, Elizabethtown, KY 42702 or via fax at (270)737-5590.

Subscribed and sworn to before me by: _____ On this the _____ day of _____ 20____.

Notary Public _____

My Commission Expires: _____

Notary ID# _____