APPLICATION FOR \$10,000 RESIDENTIAL REAL PROPERTY EXEMPTION VOLUNTEER FIREFIGHTER/EMS PERSONNEL

DUE ON OR BEFORE MARCH 1ST OF THE EXEMPTION YEAR

Tax Acco	ount No.:						
Property	Legal Description	:					
Fire/EMS	e/EMS Agency:				Volunteer Type:		
Name: _					Firefighte	er, EMT, etc.	
Address:			City:	State	Zip	Telephone:	
3.28.030	Required Exempt	ions. (A) The fo	ollowing property is exe	mpt from general taxat	ion:		
	fire fighting servi and is certified u	ices and is certi nder AS 18.08.0	fied as a fire fighter by t 182 is exempt from taxat	he Alaska Department ion on the first \$10,000	of Public Safety, of the assessed	orovides in the City volunteer (1) or (2) emergency medical service value of real property. If two (2) emptions may be granted.	
	To qualify for this	s exemption, or	n January 1 of the asses	sment year, <u>a <i>person i</i></u>	nust be certified	<u>as</u> .	
	(1)	Department v City of Unala	with the State Fire Marsl ska; <u>and</u>	hall or a State of Alask	a certified Ambul	er Service, registered Fire lance Service located within the	
	(2)	if providing v Safety; <u>or</u>	olunteer firefighting ser	vices, be certified as a	firefighter by the	e Alaska Department of Public	
	(3)		olunteer emergency me	edical services, be certi	fied under AS 18	3.08.082.	
exemptio A. B.	If two or more in may be granted.	dividuals are el	the City Clerk's Office an igible for an exemption in may be granted except	for the same property,	not more than to		
		No exemption under this section may be granted except upon written application on a form prescribed by the City Clerk's Office. The application must be filed no later than March 1 of the tax year for which the exemption s sought.					
C.	recognized First I established by ea Persons serving	Responder Serv ach department "on-call" who a	son meeting the training vice, registered Fire Dep that defines "active vol are not regular City emp nsideration as an active v	artment and/or state co unteer" shall be on file loyees as either a firefi	ertified ambuland with the Unalas ghter or emerge	ce service. The criteria ka City Clerk's Office. ncy medical services	
descr year,	030(A)(12) for the dibed property as real fully intend to othereafter. I furthe	2021 assessme my permanent p ccupy the prope or certify that I a	erty as my permanent pl ım an active volunteer a	of the assessment yea least 180 days during ace of residence for at nd will remain active w	r, I have owned a the previous yea least 180 days d vith the agency lis	and occupied the above r or, if owned less than one uring the assessment year sted.	
Office	•	•	the duration of this exe		iy kilowledge an	d I will notify the Clerk's	
Print	or type owner of i	record	Signature		Date		

Please return completed form and requested information to:

City of Unalaska City Clerk's Office P.O. Box 610 Unalaska, Alaska 99685

Phone: 907-581-1251

Clerk's Department U	Jse Only	
APPROVED	DISAPPROVED	VERIFIED BY