

To be Submitted to Assessor by February 28 of Every Year  
**NOTIFICATION OF TERMINATION  
OF ENROLLED MEMBER STATUS**  
**BY THE  
AUTHORITY HAVING JURISDICTION  
FOR THE PERIOD FROM**

**MARCH 1, 20\_\_ to FEBRUARY 28, 20\_\_**  
(PURSUANT TO REAL PROPERTY TAX LAW §466-a(2)(d))

FOR AN INCORPORATED FIRE COMPANY, FIRE DEPARTMENT, OR  
INCORPORATED VOLUNTARY AMBULANCE SERVICE

The \_\_\_\_\_ as the authority having jurisdiction for  
*(Fire District, Town/Village/City Board, or other AHJ)*

\_\_\_\_\_, an  
*(Name of Incorporated Fire Company/Department or Incorporated Voluntary Ambulance Svc.)*  
incorporated fire company, fire department or incorporated voluntary ambulance service certifies:

Check the box for EITHER Section A or Section B and provide additional information requested.

**SECTION A**

**There has been no change in the roster of qualified enrolled members from the last year.**

**SECTION B**

**That the individuals listed below:**

1. terminated their affiliation with the AHJ between March 1, 20\_\_ and the last day of February, 20\_\_  
*(this year)* *(last year)*
2. are no longer “enrolled members” of the above named incorporated fire company, fire department or incorporated voluntary ambulance service;
3. had not accrued at least twenty years of service as an enrolled member in the above named incorporated fire company, fire department or incorporated voluntary ambulance service at the time of their respective separation from service; and
4. no longer meet the certification criteria of the authority having jurisdiction for the partial real property tax exemption authorized under Real Property Tax Law Section 466-a; and
5. that this Notification may be relied upon by the governing body or assessor of any city, village, town, school district, special district, fire district or county as evidence of the termination of the below named individual’s status as an enrolled member.

**NAME AND ADDRESS**

1) \_\_\_\_\_

- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

To be Completed by the Appropriate **Authority Having Jurisdiction**

TOWN\VILLAGE\CITY BOARD\COUNCIL  
OF THE TOWN\VILLAGE\CITY OF \_\_\_\_\_

\_\_\_\_\_  
, Clerk

Dated: February \_\_\_, 20\_\_

**OR**

BOARD OF FIRE COMMISSIONERS  
\_\_\_\_\_  
FIRE DISTRICT

\_\_\_\_\_  
, Secretary

Dated: February \_\_\_, 20\_\_

**OR**

\_\_\_\_\_  
(Name of Other Authority Having Jurisdiction)

\_\_\_\_\_  
, Clerk\Secretary

Dated: February \_\_\_, 20\_\_

.....  
*(Please provide the following information)*

Name of Contact Person for AHJ \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_