

**PETITION TO REQUEST REFUND OF
MEMBERSHIP DUES**

**SMITHS GROVE
VOLUNTEER FIRE DEPARTMENT**

I hereby request that the membership fee, paid by me at my
Property located at: _____, be
Property Location
Refunded.

I understand that by requesting this refund, I am opting-out of
The membership of my local Volunteer Fire Department. I understand
that in the event of a fire or other emergency, this Department will
respond, but I will owe, at minimum \$500.00, plus additional
expenses incurred by the Department, for their service.

Further, I understand I will be opted-out for future reference
and must take affirmative steps to opt-in in future years.

Please make the check payable to: _____
Applicant's Name
and mail the check to: _____
Mailing Address

I am attaching a copy of my tax bill receipt where I have paid
The membership dues.

Signature of Requesting Party

Telephone Number, in case of questions

For questions,
call the department at
(270) 563-9969
Monday through Friday,
8:00am to 6:00pm (CST).

Mail to:

Smiths Grove Fire Department
1488 Hays Smiths Grove Rd
Smiths Grove, KY 42171-8144

** Please allow 60 (sixty) days for the request to be processed.