
REQUEST TO DELETE/ADD FIRE FEE

1. PROPERTY OWNER (S) _____
2. PROPERTY ADDRESS _____
3. RECEIPT NUMBER _____
4. MAP NUMBER _____
5. AMOUNT TO BE DELETED/ADDED _____
6. PERSON AUTHORIZING _____
7. FIRE DEPARTMENT _____
8. DATE _____

Please take or send this form to your local fire department and have an authorized person complete. When completed return to:

AIKEN COUNTY AUDITOR
828 RICHLAND AVE
P O BOX 94
AIKEN, SC 29802

When the transaction is completed, a copy of this form will be forwarded to your local fire department for future billing records. **Fire Departments please retain this as a record to delete/add for future years. Property owners please retain a copy for your records for future reference.**

YOUR LOCAL FIRE DEPARTMENT IS RESPONSIBLE FOR SETTING FIRE FEE AMOUNTS.

UNPAID FIRE FEES MAY BE TURNED OVER TO A COLLECTION AGENCY FOR COLLECTION PURPOSES.

ONLY ONE (1) REQUEST PER FORM PLEASE