



VOLUNTEER FIREFIGHTERS/AMBULANCE REPORT OF ENROLLED MEMBERS

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1st, 2024.

Applications Accepted: **In Person:** Monday through Friday 9:00AM to 4:30PM ***Mail: Must be POSTMARKED no later than March 1st** Assessor's Office / Firefighters/Ambulance One Independence Hill Farmingville, NY 11738

WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED

******NOTARY SERVICES ARE AVAILABLE AT TOWN HALL******

Requirements: 1. Members must have at least 2 to 5 years of active service by March 1st. (Each municipality adopts the minimum active service of 2 to 5 years or at least 5 years of active service).

Submit: 1. COMPLETED, SIGNED, and NOTARIZED attached affidavit. 2. List from Chief of Department of **ALL ELIGIBLE ACTIVE** Volunteer Firefighter/Ambulance Workers.

LIST MUST INCLUDE ALL REQUIRED INFORMATION:

- a) Names of Firefighter/Ambulance Workers with 2-19 years of active service. (2 years by March 1st, 2024) **Must include date active service began.**
AND
- b) Names of Firefighter/Ambulance Workers with 20+ years of active service. (20 years by March 1st, 2024) **Must include date active service began.**
AND
- c) Firefighter/Ambulance Workers home address.
AND
- d) Ownership changes (e.g. death, divorce, marriage, etc).

Member Information: The approved Volunteer Firefighters/Ambulance Worker will automatically receive a renewal by mail each year until they reach the 20th YEAR + of active service by March 1st (LIFETIME STATUS).

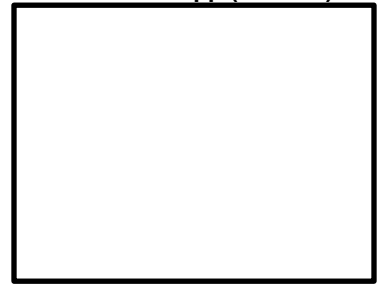
The Volunteer Firefighters/Ambulance Workers Exemption must be renewed each year by March 1st, *UNTIL* the 20th YEAR OF SERVICE is completed prior to March 1st.

Denials: If list of eligible Volunteer Firefighter/Ambulance workers is not submitted by March 1st, 2024, all department applicants will be denied.

Questions: Contact the Assessor's Office at 631-451-6300



FILL IN NAME & ADDRESS OF FIRE/AMB DEPT BELOW



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
REPORT OF ENROLLED MEMBER OF
AN INCORPORATED VOLUNTEER FIRE DEPARTMENT
OR VOLUNTEER AMBULANCE SERVICE
(FOR USE IN SUFFOLK COUNTY ONLY)

I, _____, as _____
(Name) (Official Title)
of the _____, certify that the attached list
(Incorporated Volunteer Fire Department or Volunteer Ambulance Service)

contains the names and legal addresses of _____ currently enrolled members who have served at least
(Number)
two years in such named Incorporated Volunteer Fire Department or Volunteer Ambulance Service.

If applicable, a list of currently enrolled members consisting of _____ names who have provided at least
(Number)
20 years of active service is also attached. The list(s) is (are) being provided to the Assessor (or other
designated official) of the Town of Brookhaven for purposes of administering the Partial Exemption for
Volunteer Firefighters/Ambulance Workers in Suffolk County (Real Property Tax Law, § 466C).

Signature _____ Date _____

Contact Name: _____ Contact Phone: _____

Contact email address: _____

PLEASE PROVIDE ADDRESS CHANGES TO THE TOWN OF BROOKHAVEN ASSESSOR'S OFFICE

STATE OF NEW YORK:
COUNTY OF SUFFOLK: _____,
BEING DULY SWORN DEPOSES AND SAYS THAT THE STATEMENTS CONTAINED IN3
THIS APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE.

SUBSCRIBED AND SWORN TO ME, THIS _____ DAY OF _____, 20____

Notary Public or Commissioner of Deeds



INSTRUCTIONS

In accordance with the provisions of section 466-c (5) of the Real Property Tax Law, Incorporated
Volunteer Fire Companies, Fire Departments and Ambulance Services are required annually to file a list of
their enrolled members eligible for the partial real property tax exemption for Volunteer Firefighters and
Ambulance Workers within Suffolk County. The list must be filed on or before taxable status date with the
Assessor or other official designated to administer the exemption for County, Town, Village and/or School
District purposes. In Suffolk County towns, taxable status date is March 1st. Taxable status date for most
Villages, which assess, is January 1st, but the Village Clerk should be consulted for variations.

TOWN OF BROOKHAVEN
ENROLLED MEMBER OF AN INCORPORATED VOLUNTEER
FIRE DEPARTMENT OR VOLUNTEER AMBULANCE SERVICE
RECEIPT

NAME OF FIRE/AMBULANCE DEPT

