
I do hereby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. **By signing this form I certify that I have no insurance that can be billed for this charge. I declare that all of the information contained in this document and the attachments are true and accurate. Further I understand that I may be held liable for any false statements pertaining to this waiver request.** I hereby agree to notify the Tabernacle Rescue Squad of any change in the financial status of the applicant or the responsible party that may affect the ability to pay the EMS Transport Fee.

Signature: _____ Date: _____

Print Name: _____

For questions regarding the hardship waiver process call 609-268-0671 ext 201 or via e-mail to
Tabernacle rescue squad email
Mail this application and all attachments to:
Tabernacle Rescue Squad
P.O. Box 2023
Tabernacle, NJ 08088

Administrative Use Only

Incident #: _____ Invoice Number: _____

Date of transport: _____

Date request received: _____

Claim: (circle) Approved Denied

Reason: _____

Date Billing Company Notified _____

TRS President Approval Signature _____

Trustee Approval Signature _____

Trustee Approval Signature _____