



QUEEN ANNE'S COUNTY
 DEPARTMENT OF BUDGET & FINANCE
 Treasury Division
 107 N. Liberty Street
 Centreville, Maryland 21617
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 www.qac.org

FALLEN OR DISABLED EMERGENCY WORKER
(LAW ENFORCEMENT OFFICER OR EMERGENCY WORKER)
PROPERTY TAX CREDIT
CERTIFICATION OF SERVICE

To be completed and signed by HR representative, not applicant.
HR representative's signature must be notarized.

This Certification of Service is made this _____ day of _____, _____ by _____ (HR Representative), the _____ (Position of Representative) of _____ (County), for the purpose of certifying service eligibility for Queen Anne's County's Fallen/Disabled Emergency Worker Property Tax Credit, as provided by Queen Anne's County Code, Section 5-10.2.

I hereby certify, under penalties of perjury, that _____ ("Decedent" / "Disabled Employee")

_____ Was actively employed by _____ at the time of death or disability; **and**

_____ Died or was disabled as a result of or in the course of employment as a law enforcement office or while in the active service of a fire, rescue or emergency medical service; **and**

_____ Employee's death or disability was not the result of the Employee's willful misconduct or abuse of alcohol or drugs.

MUST BE COMPLETED AND RETURNED PRIOR TO JUNE 15, 2026

In witness to the above certification, my notarized signature is set forth below.

HR representative must print and sign below:

NAME (PRINTED): _____

NAME (SIGNATURE): _____ DATE: _____

PHONE NUMBER: _____

In witness to the above certification, my notarized signature is set forth below.

STATE OF MARYLAND, COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this _____ day of _____, _____, before me a Notary Public in and for the State aforesaid, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that the above certification is true and correct and that he/she executed the same under penalties of perjury for the purposes therein contained.

AS WITNESS my hand and notarial seal.

 Notary Public

My Commission Expires: _____