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	Check Program:		<b>D</b> □	ADW	□ TBI		
<b>Instructions:</b> Check the box next to the statement that best describes where you will work, and your status regarding weekly city service fees for Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, Weirton or Wheeling. Please submit to <b>Palco.</b>							
	nt must complete an	d submit t	his form a			s listed below. Employees er 31). If this form is not	
		IDI OVEE II	IEODIAA.	rio) i			
EMPLOYEE IN				Employee ID:			
Employee Name:			Employee ib:				
Participant Name:			Palco ID:				
My place of employment under the Personal Options Program is in (please check one):  Charleston Fairmont Huntington Madison Morgantown  Parkersburg Romney Weirton Wheeling  I do not work in the city limits of any of the above listed Cities.  I understand that I am required to have a City Service Fee withheld from my paycheck for working for the participant listed above. I authorize Palco to withhold the weekly City Service Fee from my paycheck and to send the amount withheld to the city selected above.							
I already have the I work. If you h employer's nam *Please note this i	a copy of a current pa weekly City Service Fee ave the fee withheld e/place of employme	y stub with e deducted f from anot nt: submitted o	n proof of rom my pa her emplo	withholdi ny from and oyer, plea	ing must be other employ se submit p		
		-	lease prov	ide your p	hysical addr	ess and <b>a copy of proof of</b>	
Physical Address			City, State	<u> </u>		Zip Code	
☐ I no longer work in Romney, Weirton IMPORTANT: As an em Changes to withholdings	<b>or Wheeling.</b> ployee, it is your respo	onsibility to	notify <b>Pal</b>			Morgantown, Parkersburg, Fee status changes.	
Employee Signature	Cianata na		Date			_	
Participant/Representative	Signature		Date				