



City of Charleston Office of the City Collector

915 Quarrier Street, Suite 4 • Charleston, West Virginia 25301 • Phone: 304-348-8024 • Fax: 304-347-1810
www.charlestonwv.gov • Email: citycollector@cityofcharleston.org

APPLICATION FOR REDUCTION OF REFUSE FEES July 01, 2026 through June 30, 2027

Qualifications

Pursuant to Chapter 98, Article II, Section 71 of the Charleston Municipal Code, your refuse may qualify for a reduction from \$18.00 per month to \$5.00 per month. To qualify for the reduced rate, you must meet **ALL** of the following requirements:

- 1) The residence must have been **maintained** and **occupied** during the preceding calendar year.
- 2) The **total gross income** of all individuals residing in the residence must be **less than \$20,000**.
- 3) The municipal refuse fee account for which the reduced rate is being requested **must be current**.

Instructions:

If you meet **ALL** of the qualifications listed above, please complete the application in its entirety, sign and date the application, and return to our office at the address above. If the property is tenant occupied, you must provide the tenant's name and obtain their signature. Failure to provide all information requested may result in your application being denied. **Please note if you submitted an application last year, you MUST submit an updated application this year.** If you have any questions related to this application, please contact the City Collector's Office at (304) 348-8024.

Property Owner(s): _____

Owner Phone No: _____

Refuse Fee Account No.: _____

Service Address: _____

Is the property for which the reduced rate is being requested: (please check the appropriate box below)

Owner Occupied Tenant Occupied

Name of Tenant (if you checked the tenant occupied box above): _____

Certification:

By signing below, I do hereby apply for a reduction of the refuse fee for the fiscal year beginning July 01, 2026. Under penalty of law, I do hereby swear or affirm I meet the refuse fee reduced rate qualifications set forth by the City of Charleston and agree to furnish additional information concerning this application if requested. The Code of the City of Charleston provides for penalties of 150% of the regular rate for filing erroneous or untrue information.

_____	_____	_____	_____
Property Owner Signature	Date	Tenant Signature (if applicable)	Date