



PLEASE RETURN TO:
City of Charleston
915 Quarrier Street Suite 4
Charleston, WV 25330
Telephone:(304)348-8024

APPLICATION FOR FIRE FEE REDUCTION

(Property Owner)

1. APPLICANT'S:

A. Name: _____

B. Mailing Address: _____

C. Social Security Number: _____

D. Date of Birth: _____

2. Spouse's (if applicable):

A. Name: _____

B. Social Security Number: _____

C. Date of Birth: _____

3. Physical address at which Fire Protection Services are received if different than (B) above:

I hereby affirm or swear that the above information is true and accurate.

Signature of Applicant

Date

