



## Form A-4 Homestead Exemption Adjustment

Request Number

CITY OF CHARLESTON, SOUTH CAROLINA

### STORMWATER FEE ADJUSTMENT APPEAL REQUEST

Parcel ID: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### REASON FOR FEE ADJUSTMENT APPEAL REQUEST:

**Homestead Exemption Request:** Pursuant to Sec 27-132 of the Code of Ordinances, persons sixty-five (65) years of age or older and certain persons who are totally and permanently disabled, or are legally blind are entitled to a stormwater fee exemption upon application for and approval of a homestead exemption.

Indicate if you believe that you qualify for a homestead exemption.

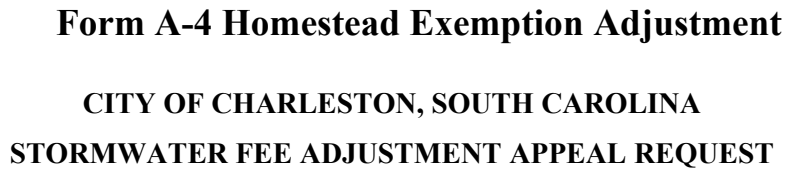
☐ I believe that I qualify for a homestead exemption

#### OWNER CERTIFICATION:

I certify that the information contained in the application is, to the best of my knowledge, correct and represents a complete and accurate statement. I further understand that the stormwater fee adjustment will be based on the information provided and the City may revoke the fee adjustment if a later determination indicates that the information provided was inaccurate.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



(NOTE: A separate application form and supporting documentation must be filed for each parcel)