Grayson County, Virginia
Solid Waste Collection Fee
- Appeal Process -

It is the sole responsibility of the property owner to prove that the residence/building is unlivable and cannot be used for human habitation. The following steps must be taken to appeal the Solid Waste Collection Fee:

1. The owner of the property must first request an Application to Appeal from either the Grayson County Treasurer's Office or the Grayson County Public Works Department.

2. The completed application shall be delivered or mailed to:

   Grayson County Public Works Department
   1216 N. Independence Avenue
   Independence, VA 24348

3. Pictures of the property in question should accompany application.

4. All required information must accompany the application as well as any support documents that could assist the County with the evaluation of your application.

Notes:

A dwelling with utilities (electricity, water, etc.) will not likely qualify for elimination of the Collection Fee.

A dwelling that is without residency is not a determining factor for the elimination of the Collection Fee.
Application for Appeal
Of the Solid Waste Collection Fee

APPEAL MUST BE SUBMITTED WITHIN 60 DAYS OF CURRENT ASSESSMENT DUE DATE:

Name as it appears on the Real Estate Tax Ticket: ________________________________

Mailing Address _____________________________ Phone Number ( ) ____________

Tax Map Number of the parcel of land that the residence/structure is located on: _____

Physical Address of property: __________________________________________________

_____________________________________________________________________________

Reason for Appeal: *(If additional space is needed, please attach pages to this document.)*
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Applicant

_________________________________________ Date: ______________ Approval

Yes ☐ No ☐

_________________________________________ Date: ______________

Public Works Director

_________________________________________ Date: ______________

Deputy County Administrator

_________________________________________ Date: ______________

Commissioner of Revenue

County Treasurer

Date: ______________

Date: ______________

Reason for Denial/Approval:

_____________________________________________________________________________

_____________________________________________________________________________

Effective Date of Approval: ________________________________