



JACKSON COUNTY

Tax Administration

COMMERCIAL SOLID WASTE FEE EXEMPTION FORM

Business Name: _____

Applicant Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Parcel & Account Number: _____

Garbage Service Type: _____

Contractor Name: _____

Contractor Phone Number: _____

Date Garbage Service Began: _____

Under penalties prescribed by law, I hereby affirm that to the best of my knowledge this form is true and complete. I understand that loss of eligibility should be reported immediately to the Tax Administration Department and failure to report loss of eligibility will result in immediate billing of all current and prior years during which the property was ineligible, including all applicable interest.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Approved: _____ Denied: _____

Solid Waste Department Signature: _____ Visit Date: _____

Tax Administration Department Signature: _____

Solid Waste Committee Approval/Denial Date: _____