



# JACKSON COUNTY

## Tax Administration

### SOLID WASTE FEE EXEMPTION FORM

Owner Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Parcel/ Account Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Date Power Disconnected: \_\_\_\_\_

\*Provide documentation from Power Company stating disconnection date.

This is to request the release of the solid waste fee from the parcel/account number listed above for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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#### OFFICIAL USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Solid Waste Department Signature: \_\_\_\_\_ Visit Date: \_\_\_\_\_

Tax Administration Department Signature: \_\_\_\_\_

Solid Waste Committee Approval/Denial Date: \_\_\_\_\_