



JACKSON COUNTY

Tax Administration

SOLID WASTE FEE EXEMPTION FORM

Name: _____

Address: _____

Phone Number: _____

Parcel Number: _____

Account Number: _____

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

Signature: _____

Date: _____

OFFICIAL USE ONLY

Solid Waste Department Signature: _____

Tax Administration Department Signature: _____