## BILLING EXEMPTION APPLICATION FOR HOME, BUSINESS, OR SECONDARY DWELLING EXCEPTION

Name on Solid Waste Bill:  Business Name (If Applying for Business Exception)		
Mailing and/or Forwarding Addre	ss:	_
Service Address:		_
SPECIFIC Direction to Property:		
Reason for Exemption Request:		
	building or remodeling):	
Number of People Living at Resid	ence:	
Date: Signe	d:	

## PLEASE FILL OUT ALL INFORMATION COMPLETELY AND SIGN OR APPLICATION WILL NOT BE PROCESSED.