RESIDENTIAL REFUSE COLLECTION SVCS

APPLICATION FOR EXEMPTION FROM MONTHLY TRASH COLLECTION FEES

DATE: _____

NAME OF PROPERTY OWNER: _____
(Print Name)

MAILING ADDRESS: _____

_____

DAY TIME PHONE NUMBER: _____

SERVICE ADDRESS TO BE EXEMPTED FROM MONTHLY RESIDENTIAL TRASH COLLECTION FEES:

_____

I certify that the above service address is not occupied and refuse has not been generated nor accumulated for six consecutive months. I am therefore requesting an exemption from the monthly residential refuse collection fees. I understand that the exemption shall expire on December 31st of each year and an application must be resubmitted for approval each year.

PROPERTY OWNER SIGNATURE: _____

To certify six months of vacancy, applicants must attach a written verification (either a "Clean & Show Bill" or an "Idle Account Verification Statement") from a major utility company. Contact: So. California Edison at (800) 655-4555 or So. California Gas at (800) 427-2200.

Comments: _____

_____

LAWNDALE PUBLIC WORKS DEPARTMENT **Phone: (310) 973-3260**
4722 Manhattan Beach Blvd, Lawndale, CA 90260

Approved _____ Not Approved _____

Signature: _____ _____
Director of Public Works Date

Date Transmitted To Consolidated Disposal: _____

Consolidated Disposal Acknowledgement: _____ _____
Signature Date