



SOLID WASTE EXEMPTION AND REFUND APPLICATION

- ___ A. The dwelling or commercial building has been totally destroyed by:
An Act of God: ___ Other: Please describe below.
- ___ B. The dwelling or other structure was occupied not more than 30 days
from July 1st to June 30th in the fiscal year(s) indicated.
- ___ C. The property has no dwelling / habitable structure / improvements.
- ___ D. The property has an incorrect solid waste levy.

Total number of exemptions requested: _____ Tax year(s): _____

Describe reason(s): _____

| | | | |
|----------------|-----------------------------------|-----|-------|
| Property Owner | Property Parcel/Assessment Number | | |
| Mail Address | Tax Rate Area | | |
| City | State | Zip | Phone |

Under penalty of perjury, I state to the best of my knowledge and belief that the information I have indicated is correct regarding the property identified by this parcel/assessment number.

NOTE: If you feel your solid waste fee is in error, contact the Solid Waste Department for detailed study and review. If the Solid Waste Department has denied an exemption or reclassification, property owners may appeal the action to the Board of Supervisors within thirty (30) days after receiving such notice.

Signature Date

PLEASE RETURN THIS FORM TO:
Siskiyou County Dept. of General Services
 190 Greenhorn Road
 Yreka, CA 96097
 (530) 842-8220

PLEASE DO NOT WRITE BELOW THIS LINE

Sanitation Approval: _____ Date: _____

Reason: _____

| TAX YEAR— | 2013/2014 | 2014/2015 | 2015/2016 | 2016/2017 | |
|------------------|-----------|-----------|-----------|-----------|--|
| Original Code | | | | | |
| Change to Code | | | | | |
| Tax Bill Number | | | | | |
| First Payment | | | | | |
| Second Payment | | | | | |
| Orig. Levy Amt. | | | | | |
| Chg Levy Amt. | | | | | |
| Refund | | | | | |
| Check Number | | | | | |
| Changed Bill No. | | | | | |

| | |
|------------------|--|
| Affidavit | |
| Permanent Change | |