

Solid Waste Exemption & Refund Application



A. The dwelling or commercial building has been totally destroyed by:

An Act of God: _____

Other. Please describe below under Describe Reason

B. The dwelling or other structure was occupied not more than 30 days from July 1 to June 30 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: _____ APN _____

Mailing 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 (APN).

Signature: _____ Date: _____

Please 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.

Please Return This Form to:

Siskiyou County General Services

Sanitation Division

190 Greenhorn Road

Yreka, CA 96097

Do Not Write on Page 2. The fields on that page are for Sanitation approval and calculations.

Sanitation Approval: _____ Date: _____

Reason: _____

TAX YEAR—	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
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