

JAMES BEZEK
Director
(707) 784-6765

TREY STRICKLAND
Environmental Health Manager
(707) 784-6765

DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
COUNTY**

675 Texas Street, Suite 5500
Fairfield, CA 94533-6342
(707) 784-6765
Fax (707) 784-4805

www.solanocounty.com

Environmental Health Division

Vallejo Garbage Exemption Application

Property Address: _____

Property Owner Name _____ Phone _____

I hereby request an exemption from Vallejo Garbage Service on one of the following:
(Ordinance 1595 N.C. (2d) 3(part) 2007)

- 1) ___ That every residential unit on the property is vacant or temporarily unoccupied for a period more than two weeks.
- 2) ___ That I am a senior citizen over 62 years of age on a low to moderate fixed income who will share the minimum service with an immediately adjacent neighbor. Attached a Signed Agreement
- 3) ___ That I am the occupant of a single-family dwelling who recycles all, or virtually all, garbage and refuse produced by the occupants of the premises pursuant to recycling procedures approved by Resource Management.

I agree to meet (by appointment) with a representative of Solano County Environmental Health who will inspect my premises, verify my current solid waste disposal practices, the occupancy status of the property and my eligibility for the exemption.

If granted the requested exemption, it is valid for only one year and I must re-apply to Solano County Environmental Health for exemption status renewal annually.

In addition, if granted the requested exemption, I agree to abide by the City of Vallejo Solid Waste Ordinance and not create a public nuisance.

An application fee of \$191 must be enclosed with this request for this application to be processed. A fee of \$84 will be assessed with each garbage service exemption renewal request. This fee is non-refundable.

I declare under penalty of perjury the above information is true to my best knowledge and belief.

Signed _____ Date _____

Office use only

| | | |
|-------------------|------------|-----------------|
| Fee Paid \$ _____ | Date _____ | Receipt # _____ |
|-------------------|------------|-----------------|