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**DEPARTMENT OF RESOURCE MANAGEMENT**



**SOLANO  
COUNTY**

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Environmental Health Division

**Vallejo Garbage Exemption Application**

Request for Vallejo Garbage Service Exemption for Property located at \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
(please print)

I hereby request from Solano County Environmental Health an exemption from Vallejo Garbage Service on one of the following basis:

1. \_\_\_ That every residential unit on the property is vacant or temporarily unoccupied for a period in excess of two weeks.
2. \_\_\_ That I am a senior citizen over 62 years of age on a low to moderate fixed income who will share one 32 gallon (maximum) container with an immediately adjacent neighbor. (Signed Agreement attached)

Age \_\_\_\_\_ Last years total income \_\_\_\_\_ Name of neighbor \_\_\_\_\_  
Address of neighbor \_\_\_\_\_

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. (Ordinance 1595 N.C. (2d) 3(part) 2007)

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 \$138 must be enclosed with this request in order for this application to be processed. Also a fee of \$66 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 # _____
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