

**APPLICATION FOR EXEMPTION FROM
REMOVAL OF GARBAGE, RUBBISH, BRUSH, WEEDS, SOLID WASTE**

Property Owner Name: _____ **Name of party requesting waiver:** _____

Property Address and Zip Code: _____ **Phone Number:** _____

Type of Exemption Applying for [circle]:

Garbage Removal By Licensed Hauler – 170.17.01(a)(1)		
Rubbish Removal – 170.17.01	Accumulation of Weeds – 170.17.01(d)	
Brush Removal – 170.17.01(b)	Solid Waste Removal – 170.17.01(b) or (c)	

Reason for Exemption [if more than one type of exemption is requested, describe reasoning for each exemption]: If you are requesting a waste service exemption, **how will your garbage be removed? If sharing with another address, please list both addresses and list the name of the waste hauler providing service at one address.**

- Sharing with another address**

 - Taking to a commercial dumpster (List business name and provide owner/manager's approving signature)**

 - Residence is vacant**
 - Residence occupied seasonally or part time**
- Comments/Additional Details** _____

NOTE: If two addresses are sharing service, both parties' signatures are required. If you are a renter requesting waiver of the trash service requirement, the property owner's approving signature must be provided below

Signature of Applicant (1)	Date
Signature of Applicant (2)	Date
Signature of Property Owner	Date

Send completed form to: City of Springfield Division of Waste & Recycling, 300 S. 7th Street, Room 201, Springfield, IL 62701

APPROVED _____ **DENIED** _____ **DATE** _____

INSPECTOR OR APPROVING AUTHORITY _____