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

Property Owner Name: _____ **Contact Name:** _____

Property Address: _____ **Phone Number:** _____

Type of Exemption Applying for [circle]: Garbage Removal By Licensed Hauler – 170.17.01(a)(1)
Rubbish Removal – 170.17.01
Brush Removal – 170.17.01(b)
Accumulation of Weeds – 170.17.01(d)
Solid Waste Removal – 170.17.01(b) or (c)

Reason for Removal [if more than one type of exemption is requested, describe reasoning for each exemption]: _____

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Signature of Applicant **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 _____