



# Request for Temporary Exemption From Garbage Collection Services

**Submit request to:**

Public Works Department | 200 Lincoln Avenue | Salinas, CA 93901

Main Office: (831) 758-7241 Fax: (831) 758-7935

Email: [pubworks@ci.salinas.ca.us](mailto:pubworks@ci.salinas.ca.us)

Owner/Occupant's Name:

First Name	Middle Name Initial	Last Name
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**I am the owner/occupant of the property for which the exemption is being requested and I am submitting the latest billing statement to support my request.**

1. Subject Property Address:

Street Address	City	State	Zip Code
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**(The service provider to verify occupancy status of the property performs audits on a regular basis.)**

2. The property was / is / will be vacant and unoccupied the entire period of the exemption: Yes No

3. The reason the property was / is / will be vacant:

4. Starting date the property became / will become vacant:

5. Date the property was / will be re-occupied:  
**(The property must be vacant for at least 90 days in order to qualify for an exemption.)**

6. Mailing Address:  
**(This address should be different than the exemption address unless you are returning to the property in the near future.)**

Street Address	City	State	Zip Code
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7. Day time phone number: Email:

**I declare, under penalty of perjury that this statement is complete and correct.**

8. Signed: Date:  
Property Owner/Occupant

APPROVED:

Signature: Date:  
Public Works Department Representative