



# 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  
Days/Hrs. M-F: 8:00 a.m. – 5:00 p.m.  
Email: [pubworks@ci.salinas.ca.us](mailto:pubworks@ci.salinas.ca.us)

Owner/Occupant's Name:

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First Name Middle Name Initial Last Name

**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:

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Street Address City State Zip Code

**(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. Return Address:

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

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Street Address City State Zip Code

7. Day time phone number: \_\_\_\_\_

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

8. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Occupant

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APPROVED:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Department Representative