



# 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 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:

\_\_\_\_\_

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. 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

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

***Please contact Republic Services at (831)755-3840 to have your carts removed. If you do not cancel your service this exemption will be invalid.***

**APPROVED:**

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

Public Works Department Representative