



2020 APPLICATION RECYCLING WAIVER

Recycling Fee

Requirement to Recycle

OWNER'S NAME: _____

PROPERTY ADDRESS: _____

TELEPHONE NO. _____

REASON FOR EXEMPTION:

SPECIAL CIRCUMSTANCES (ATTACH EXPLANATION)

FINANCIAL HARDSHIP \$ ATTACH COPY OF: MI1040CR

PHYSICAL DISABILITY

IF APPLYING FOR A RECYCLING WAIVER BECAUSE OF PHYSICAL
DISABILITY:

Attach verification of disability from your physician

Do you live alone?

YES

NO

Signature of Applicant

Date

Do not write below this line

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PARCEL IDENTIFICATION NUMBER: _____ Single/Condo

Recycling Waiver: Approved Denied

Fee Waived: Full Half

Date: _____ by _____

Clerk or Review Board

Distribution: _____ Treasurer _____ Clerk