

RECYCLING WAIVER APPLICATION Due July 1 each year

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
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 Appli	cant Date
Do not write below this line	
PARCEL IDENTIFICATION NUMBER:	Single/Condo
Recycling Waiver: Approved	Denied
Fee Waived: Full	Half
Date: by	Clerk or Review Board
Distribution: Treasurer	