

**APPLICATION FOR EXEMPTION FROM SOLID WASTE FEE
BOARD OF SUPERVISORS OF LAUDERDALE COUNTY, MISSISSIPPI**

NAME: _____

BILLING ADDRESSES

Post Office Address:

E911 Address:

Zip Code _____

Telephone No. _____

LOCATION of household or residence for which exemption is applied for: (check or check and complete)

Post office address:

Same as above.

E911 address:

Zip Code _____

Telephone No. _____

[check one of the following as to the above described LOCATION]

I own the above LOCATION I rent the above LOCATION

Other relationship as to LOCATION (complete explaining relationship)

The undersigned does hereby apply for exemption from the solid waste fee and, and as grounds therefor does hereby state on my oath or affirm to the truth of the following (under the penalty of perjury which can carry a maximum sentence of 10 years):

I should be exempted from paying the solid waste fee on the above LOCATION because: [check one of the following]

1. No solid waste is ever generated at the above location. (NOTE: If solid waste is generated at location this exception does not apply ever if the solid waste is disposed of in some other manner. For this exception to apply solid waste must not be produced, generated, or ever exist at this location. Complete below explaining circumstances why no solid waste is ever generated at this location, such as "no one ever sleeps or eats a meal at this location, former occupant in nursing home", etc.:

2. I have contracted for the disposal of the solid waste generated at the above location and that solid waste is disposed of at a permitted or authorized facility. (NOTE: A copy of such contract must be attached to this application along with a copy of the permit or license of the facility, otherwise this application will have to be rejected.)

3. The solid waste generated at the above location is disposed of on my own land, **AND I UNDERSTAND THAT BY APPLYING FOR THIS EXEMPTION THAT I AM REQUIRED TO OBTAIN A DISPOSAL PERMIT FROM THE MISSISSIPPI STATE DEPARTMENT OF ENVIRONMENTAL QUALITY WHICH STATES THE DISPOSAL ON MY OWN LAND MEETS THE REQUIREMENTS OF A SANITARY SUBTITLE D LANDFILL.** (NOTE: A copy of the deed describing the land where the waste is disposed of, and a copy of the DEQ permit for disposal must be attached to this application, otherwise this application will be rejected.)

DATE

Signature of applicant

NOTE TO ALL APPLICANTS

That all persons applying for said exemption must submit to the Chancery Clerk when said Application is filed, a receipt evidencing proof of payment for twelve (12) months of service.

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The undersigned agrees that if he or she has entered into a contract with a hauler for the private collection of solid waste and that contract is terminated for any reason during a calendar year, the undersigned shall notify in writing to the Chancery Clerk within fifteen (15) days of the cancellation of the private collection service. The undersigned agrees that he or she will then be responsible for a prorata share of the annual fee which was \$100 in calendar year 2023 and is proposed for be \$168.00 in calendar year 2024 as it applies herein, for the remaining months of the calendar year. The undersigned further agrees that if they should fail to notify the Chancery Clerk within fifteen (15) days of the cancellation or termination of their agreement with a private hauler to collect their solid waste and a County official later learns that said contract was terminated or cancelled, that the undersigned shall be responsible for paying the full annual fee as set out herein.

ELECTION BY OWNER OF MOBILE HOME PARK/APARTMENT COMPLEX

I am the owner of the mobile home park known as _____ located at

_____. I hereby elect

- to have the bill for the garbage fee for each tenant generator on this property sent directly to me and I will pay each such bill as and when due.
- to at once provide the County with a written list of the name and address of each tenant generator on this property and I request such bill be sent direct to each such tenant for him/her to pay as and when due.

(CHECK ONE OF THE ABOVE)

I am the owner of the apartment complex known as _____ located
at _____ . I hereby elect

- to have the bill for the garbage fee for each tenant generator on this property sent directly to me and I will pay each such bill as and when due.
- to at once provide the County with a written list of the name and address of each tenant generator on this property and I request such bill be sent direct to each such tenant for him/her to pay as and when due.

(CHECK ONE OF THE ABOVE)

I have been told, I acknowledge, and I understand that the Board's granting of this election to me is not to be construed or interpreted by me, or my assigns, as a waiver of Section 19-5-22 of the Miss. Code of 1972, and I agree that my tenant(s) and I continue to be jointly and severally liable for such fees and such fees shall be a lien against my property until paid, either by my tenant(s) or me. I also understand that the County is not first required to pursue collection of such bill from my tenant(s) but the County can, if it elects, proceed against me.

(Name of Mobile Home Park or Apartment Complex)

Its Owner

The undersigned agrees and contracts, under penalty of perjury, to immediately notify in writing the Lauderdale County Board of Supervisors of any change in the above status that might affect my exemption, if granted.

Signed, under my oath and affirmation, this the ___ day of _____, 2023.

Signature of Applicant/Owner

SWORN TO AND SUBSCRIBED before me this the ___ day of _____, 2023.

NOTARY PUBLIC

My Commission Expires: _____

END OF APPLICATION
DO NOT COMPLETE BELOW THIS LINE

The above application and exemption is GRANTED DENIED

Comments: _____

(Date)

(Signature)

(Title)

The undersigned does hereby APPEAL the above REJECTION to the Board of Supervisors for its consideration.

(Date)

(Signature)

ACTION BY BOARD OF SUPERVISORS:

EXEMPTION: GRANTED [] DENIED []

(Date)

PRESIDENT, BOARD OF SUPERVISORS