

EL DORADO COUNTY ENVIRONMENTAL MANAGEMENT CSA #10 SOLID WASTE, LIQUID WASTE & HOUSEHOLD HAZARDOUS WASTE

APPLICATION FOR A REVIEW* OF WASTE MANAGEMENT FEES

Assessor's l	Parcel Number:			
Physical Ad	ldress:			
Property O	wner's Name			
Owner's M	ailing Address:			
Telephone 1	Numbers:	Business:	Home:	
List of Busi Entities on	nesses and/or Parcel:			
Reason for (See "attachma	Review: ents required" below)			
		perjury that the stat property listed abov	ements made above are true and co	orrect and I
Signature of Applicant:			Date:	
Attachments	Required (if applic	cable):		
 A copy of Recent get 		tement and	depicts the level of service. (If a self-h	nauler,
Return to:	El Dorado Count 2850 Fairlane Co Placerville, CA 9 (530) 621-7672	,	nagement	

* The submission of a request for review of a waste management parcel fee does not relieve the responsibility to pay the imposed fee or the secured tax bill upon which the charge is levied on or before the delinquent date of the property taxes—the complete installment should be paid in full and if a reduction in the waste management fee(s) is justified, a refund will be generated to the applicant by El Dorado County.

S:\Assessments\FY 2009-2010\Agenda Info\Appeal Form.doc

(530) 295-2747 (fax)