

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 Ac	ldress:			
Property O	wner's Name			
Owner's M	ailing Address:			
Telephone 1	Numbers:	Business:	Home:	
List of Busi Entities on	inesses and/or Parcel:			
Reason for (See "attachm	Review: ents required" below)			
		_		
		f perjury that the stat I property listed abov	ements made above are true and corre e.	ect and I
Signature o	of Applicant:		Date:	
Attachments	s Required (if applic	cable):		
 A copy of Recent g 		itement and	depicts the level of service. (If a self-haul tation(s).	'er,
Return to:	El Dorado Coun 2850 Fairlane Co	,	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 2010-2011\Agenda Info\Appeal Form.doc

(530) 621-5300 (530) 295-2747 (fax)