



# AFFIDAVIT FOR WAIVER RESIDENTIAL SOLID WASTE FEE ASSESSMENT

RETURN FORM TO:  
Solid Waste Division • 1031 Superior Street • Jacksonville, FL 32254 • Phone: (904) 255-7500 • Fax: (904) 255-7600

This form is for property owners to request a waiver of one or more residential solid waste fees being assessed to a property. Solid waste is defined as household garbage, recycling, yard waste, and items such as tires, appliances and furniture. Billing information is obtained by interpreting property details maintained by the Duval County Property Appraiser's Office. A property is considered eligible for charge if the property record shows a structure's 'building use' is or includes a residence, including but not limited to a single family home, mobile home or apartment. The charge is applicable regardless of the structure's inhabitability or current occupancy.

**Waivers will not be granted for properties with only one billable residential unit unless it is determined that: the structure being charged is not a residence; the property is receiving solid waste collection by a privately contracted hauler; the property cannot physically be accessed by the city for solid waste collection; or the Solid Waste Division otherwise determines an assessment is not appropriate. Waivers are granted at the sole discretion of the Solid Waste Division.**

If you believe a structure is incorrectly classified on the property record, please contact the Property Appraiser's Office at (904) 630-2020. If the PAO declines to reclassify the structure, you may contact the Solid Waste Division at (904) 255-7500 for an inspection following submittal of this affidavit.

## SECTION 1: OWNER INFORMATION

NAME: \_\_\_\_\_ PREFERRED PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## SECTION 2: PROPERTY INFORMATION (one parcel/RE# per form)

REAL ESTATE NUMBER: \_\_\_\_\_ The real estate (RE) number is a 10-digit number unique to your property and may be displayed with a space or hyphen between the first six and last four digits. It is shown as the account number on your property tax bill.

PROPERTY ADDRESS: \_\_\_\_\_ Please list street address only; no city, state or ZIP required.

Number of residential structures/units on the property:  Number of waivers requested:

Explain why the waiver(s) is/are warranted and how solid waste (garbage) is being disposed of from this property.

## SECTION 3: TERMS AND CONDITIONS Place initials within each box to acknowledge understanding of each condition.

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| I agree to allow Solid Waste Division employees access to the property to conduct an initial inspection and future inspections with 48 hours' notice. | <input type="checkbox"/> | This waiver is not transferable to a new owner or a new real estate number. These actions require notice to the Solid Waste Division.    | <input type="checkbox"/> |
| I am required to notify the Solid Waste Division in writing by e-mail or post mail within two (2) weeks if waiver conditions change.                  | <input type="checkbox"/> | Back charges may be assessed if a waiver is approved in error or if conditions change on the property without the required notification. | <input type="checkbox"/> |

## SECTION 4: AFFIRMATION

By signing/submitting this form, I attest that I am authorized to enter into agreements as the owner or legal representative of the owner for the property described in Section 2. I understand that I am REQUIRED to allow Solid Waste Division employees access to the property for the initial inspection and all future inspections with 48 hours' notice. I affirm that the information provided herein is true and complete to the best of my knowledge, and that I fully understand the terms and conditions under which a waiver or waivers may be granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY

Date Received: \_\_\_\_\_ 1st Inspection: \_\_\_\_\_ Inspector: \_\_\_\_\_

Comments:

Approved  Denied Effective Year: \_\_\_\_\_ Follow-Up Inspections: Date:  Initial:  Date:  Initial: