

Attachment A
Tipping Fee Waiver Request Form

1. Name of Organization/Individual: _____
2. Address, website, phone number: _____
3. Contact person: _____
4. Contact Email & Phone Number: _____
5. Location of Project: _____
6. Project Description: _____

Ex: Demolition of Blighted property, Rehab of Property

7. Estimated # of Tons: _____
8. Estimated Cost (FY2021 \$65/ton): _____
9. Can your request be deferred to next quarter? Yes _____ No _____

Requestors Signature Date

Council President Date