

**CITY OF MERIDIAN  
P.O. Box 1430 Meridian MS 39302**

**APPLICATION FOR WAIVER OF GARBAGE FEE – VACANCY OF 3 MONTHS**  
**PLEASE PRINT**

Per City Ordinance #3363

**If any such site becomes vacant and remains vacant for more than three (3) consecutive months, the fee for the fourth month and for all months thereafter for so long as such site remains vacant, may be waived by the City. THE PERSON OR ENTITY REQUESTING SUCH WAIVER SHALL HAVE THE BURDEN OF PROVING TO THE CITY'S SATISFACTION THAT SUCH SITE IS SO VACANT.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City Account Number: \_\_\_\_\_

Address of Vacancy: \_\_\_\_\_

(only if different from above)

Number of Units at Location: \_\_\_\_\_ Number of Units Vacant: \_\_\_\_\_

Identifying numbers on units that are vacant: (apt # etc) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

.....  
Proof of Vacancy: \_\_\_\_\_

Attach copies: Current Dumpster/Waste Disposal Contract

Date Vacancy Started: \_\_\_\_\_ Waiver Approved By: \_\_\_\_\_

Month Waiver Begins: \_\_\_\_\_

Change made in Code on Computer: Date: \_\_\_\_\_ By: \_\_\_\_\_

.....  
Waiver Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date Vacancy Ended: \_\_\_\_\_ Computer Coded Corrected: Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_