

Macomb Township Solid Waste Exemption Request Form

PROPERTY/CONTACT INFORMATION

Account #: _____

Property Owner Name: _____

Property Owner Address: _____

Contact Person (if other than owner): _____

Day Time Phone : _____ Night Time Phone: _____

Best Time to Call: _____

Circle One: Single Family Home / Condo or Apt.

Name of Complex if Condo or Apt: _____

SUSPENSION OF SERVICE TYPE

EXTENDED VACATION / LEAVE SUSPENSION OF SERVICE

Departure Date / Suspect Service: _____

Return Date / Resume Service: _____

NOTE: Extended vacation/leave requests must be for a minimum of 30 days and not exceed 90 days.

OR

CONSTRUCTION OR DEMOLITION SUSPENSION OF SERVICE

Suspend Service Date: _____

Estimated Resume Service Date: _____

NOTE: Construction or demolition suspension of service requests must be accompanied by a proof of permit issued by Macomb Township.

OWNER

Please Print Name: _____

Signature of Owner: _____ Date: _____

IMPORTANT

For your exemption request form to be considered, the above information must be complete, and the form must be signed and dated at the time of submittal. Please fax or mail your completed exemption request form along with any proof of permit, if applicable, to:

Priority Waste
45000 River Ridge Dr., Suite 200
Clinton Twp., MI 48038