



PETITION # \_\_\_\_\_  
(FOR OFFICE USE ONLY)

## APPEAL FORM - SOLID WASTE DISPOSAL ASSESSMENT

There is a deadline for filing your annual appeal. Please file immediately.

PARCEL I.D. NUMBER: \_\_\_\_\_

Owner or Petitioner

Physical Location of Property

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

Business: \_\_\_\_\_

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

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

City, State, ZIP: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

### WASTE HAULER INFORMATION

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Dumpster: Yes\_\_\_\_ No\_\_\_\_ Curbside Pickup: Yes\_\_\_\_ No\_\_\_\_ Vacant Building: Yes\_\_\_\_ No\_\_\_\_

Required Hauler Record Attached: Yes\_\_\_\_ No\_\_\_\_ (Failure to attach hauler record could result in a delay.)

Reason for appeal: (If more room is needed please add it to the email when submitting your form)

I, the undersigned, do hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

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

### FOR OFFICE USE ONLY

\_\_\_\_ Reduce to Minimum

Amount of Current Assessment: \_\_\_\_\_

\_\_\_\_ Reduce to Reported Yardage \_\_\_\_\_

Revised Assessment: \_\_\_\_\_

# OF YARDS

Adjustment: \_\_\_\_\_

Notes:

NUMBER OF RESIDENTIAL UNITS

USE CODE CHANGES

Assessed number of units: \_\_\_\_\_

Assessed use code: \_\_\_\_\_

Revised number of units: \_\_\_\_\_

Revised use code: \_\_\_\_\_

Send completed form to [SolidWasteCS@pascocountyfl.net](mailto:SolidWasteCS@pascocountyfl.net), or select the submit form button.