

REQUEST FOR EXEMPTION FROM SERVICES

FOR LOCAL SERVICE DISTRICTS/UNINCORPORATED AREAS ONLY



ERSB Account No. _____

Surname: _____ First Name: _____

Permanent Address: _____

City/Town _____ PR _____ Postal Code _____

Tel: _____ Cell: _____

Email: _____

I am the legal property owner (*mandatory*) and I am hereby requesting an exemption from the provision of services for the following property located in a local service district/unincorporated area (*Please note that if your property is located in an incorporated town, you need to contact your Town Council Office regarding an exemption*):

Address: _____

City/Town _____ PR _____ Postal Code _____

Directions to property if no civic address available: _____

Property owners may request exemption from the provision of services. Any request for exemption must demonstrate that the property is vacant and not habitable. Factors that may be considered in determining whether a property qualifies for exemption include:

REASON FOR REQUEST <i>(tick those that apply)</i>	PROPERTY MUST MEET THE FOLLOWING	VERIFICATION
	Property is boarded up (<i>defined as all windows and doors are fully covered with plywood/matchboard/etc.; chimney covered, etc., and is not usable as determined through site visit. These must be permanent attachments not easily removed and replaced in sole opinion of ERSB.</i>)	Site Visit (pictures will be taken). Owner and/or representative will be contacted if required to be present.
PROPERTY MUST MEET ONE OF THE FOLLOWING		
	Property is not structurally sound (<i>floor not intact, stairs missing, roof missing portions, windows/doors missing or broken out, etc.</i>)	Site Visit (pictures will be taken). Owner and/or representative will be contacted if required to be present.
	Property has no electrical connection	Power removal notice from Newfoundland Power/Hydro
PROPERTY MUST MEET ONE OF THE FOLLOWING		
	Property is vacant	Signed form, witnessed
	Property has no water connection (<i>where applicable</i>)	Signed form, witnessed

I certify that all the information provided in this request for exemption is true and correct to the best of my knowledge and belief. I understand and agree that I have a continuing obligation to advise Eastern Waste Management if there is a change in circumstances regarding the above-named property.

Signature of Applicant _____

Date _____

Signature of Witness _____

Date _____

Name of Witness (*please print*) _____

Date _____

For Office Use Only:

Site Visited By: _____ Site Visit Date: _____

Recommendation: Approve Not Approve Authorized Signature: _____