

**BREVARD COUNTY SOLID WASTE MANAGEMENT DEPARTMENT  
RESIDENTIAL IMPROVED PROPERTY  
ANNUAL SOLID WASTE COLLECTION ASSESSMENTS – APPLICATION FOR EXEMPTION**

**Owner(s)/Petitioner(s) Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parcel-Identification \_\_\_\_\_ Tax Identification Number \_\_\_\_\_

**RESIDENTIAL EXEMPTION CLAIM**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | This property is not adjacent to a street accessible to a standard solid waste collection pickup vehicle.  |
| <input type="checkbox"/> | This property is not adjacent to a street accessible to a standard solid waste collection pickup vehicle and is classified by the Property Appraiser's office as agricultural. |

**CERTIFICATION**

I hereby certify that I am the owner of the above-described property and request an exemption from the mandatory solid waste collection assessment in accordance with Chapter 94, as amended. If approved, I will transport all solid waste generated on my property to one of the County's transfer stations or landfill sites ([www.brevardfl.gov/SolidWaste](http://www.brevardfl.gov/SolidWaste)). Furthermore, as a condition of the exemption being approved, I understand that County Ordinance prohibits the burying or burning of solid waste on private property, unless otherwise exempted.

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

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

**Submit Application - Annual Solid Waste Collection  
Assessment by United States Postal Services (USPS) or Email  
Brevard County Solid Waste Management  
2725 Judge Fran Jamieson Way, Building A -118  
Viera, FL 32940  
Email Address: [solidwaste.petition@brevardfl.gov](mailto:solidwaste.petition@brevardfl.gov)**

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**RESERVED FOR BREVARD COUNTY SOLID MANAGEMENT DEPARTMENT USE ONLY  
Residential Waste Collector: Waste Management**

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Disposal Assessment Amount: Prior \$ \_\_\_\_\_ New \$ \_\_\_\_\_

Collection Assessment Amount: Prior \$ \_\_\_\_\_ New \$ \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Approver \_\_\_\_\_ Date \_\_\_\_\_

Denied Notes: \_\_\_\_\_

Researched/Posted by: \_\_\_\_\_ Date \_\_\_\_\_