

**KOOTENAI COUNTY
SOLID WASTE**

COMMERCIAL / NON-RESIDENTIAL FEE APPEAL

APPLICANT'S NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

BUSINESS NAME: _____

BUSINESS PHONE NUMBER: _____

BUSINESS ADDRESS: _____

TAX BILL NUMBER: _____ SOLID WASTE ACCOUNT: _____

PARCEL NUMBER (as shown on tax statement) _____

Commercial solid waste charges are based on the best information available relating to the amount of solid waste generated. Applicants requesting a billing adjustment **MUST** include supporting documentation for consideration. Examples are copies of bills from garbage haulers, or a narrative describing the use of property and estimations of waste generated, etc.

This application for a solid waste fee adjustment is based on the following:

- ___ 1. Original quantity of solid waste generated was in error.
- ___ 2. Amount of solid waste generated has changed since prior tax bill.
- ___ 3. Property use generates only nominal quantities of solid waste. Estimate how much _____.
- ___ 4. Solid waste fee is charged on the tax statement AND a commercial disposal account.
- ___ 5. Property is temporarily or permanently vacant and does not generate any solid waste.
- ___ 6. Other – Please explain in detail: _____

I affirm that the information provided herein is true and correct.

Applicant Signature

Date

PLEASE RETURN TO: KOOTENAI COUNTY SOLID WASTE
3650 N RAMSEY ROAD
COEUR D'ALENE, ID 83815
PHONE: (208) 446-1430 FAX: (208) 446-1432