

**SCHEDULE "B"**  
**DICKSON COUNTY SOLID WASTE SERVICES**  
**APPLICATION FOR DISPOSAL FEE EXEMPTION / REDUCTION**

Account: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
If Rental/Owner(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Number in Household: \_\_\_\_\_ Household Income: \_\_\_\_\_

**REASON FOR EXEMPTION/REDUCTION** (Please check one)

- ☐ Residential property owners who are eligible for property tax relief under Section 6.1;
- ☐ Residential property where there is not dwelling located on the property;
- ☐ Uninhabitable residential property;
- ☐ Where the electric meter is used for a barn, pump house, storage building, garage, hobby house, chicken house, or similar other use, but not for residential use;
- ☐ Where property is vacant;
- ☐ Where it is established to be a part-time residence where the property is used for less than thirty (30) days per year and the owner is living outside of Dickson County or paying the solid waste disposal fee on their primary residence inside of Dickson County;
- ☐ Low-income residents who will be eligible for a reduction of one-half (1/2) the residential solid waste disposal fee if the head of household is over the age of sixty-five (65), and the total household income for all residents of the premises is less than the household income adopted by the Dickson County Commission for purposes of the property tax relief program;
- ☐ Low-income residents who are eligible for a reduction of one-half (1/2) the residential solid waste disposal fee who are permanently and totally disabled and total household income is less than the household income adopted by Dickson County Commission for purposes of the property tax relief program;
- ☐ Other reasons listed in Section 6.

**COMMENTS:** \_\_\_\_\_

Under penalty of perjury, I certify that the information given herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Resident/Owner/Applicant*

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

**APPROVED:** \_\_\_\_\_  
*Signature of Chairman SBDC*

\_\_\_\_\_  
*Date Action Taken*