APPLICATION FOR EXEMPTION
2025
To Ordinance No. 198-2017
(Universal Solid Waste Service)

City of Clearlake
14050 Olympic Dr.
Clearlake, CA 95422

I am the owner of residential property at: _____
(specify property address and assessor's parcel number)

I certify, under penalty of perjury, that the following conditions exist and are the basis for this application for exemption to the requirement to subscribe to solid waste services (CHECK ALL THAT APPLY):

- ☐ No food is prepared or consumed on the property by the current occupant(s).
- ☐ No solid waste of any kind is being generated on the property by the current occupant(s).
- ☐ The property is not connected to water and electrical power and water and electrical power cannot be provided to this property without action by a public utility or water company.
- ☐ The property is a vacation home and not my primary residence. The property is used exclusively by me and is not rented at any point of the year for use by others.
- ☐ The property is bare land and undeveloped.
- ☐ The property owner is deceased and the property is vacant. (Copy of Death Certificate is required with application)

Comments/Explanations:

_____

_____

I understand and agree that approval of this application is only valid for one (1) year and I, as property owner, am required to reapply annually for this exemption. The renewal application shall be submitted no later than one (1) year after the approval date, or sooner if requested by the City of Clearlake.

I understand and agree that the City of Clearlake may make on-site inspections to verify the claims made in this or any subsequent application for exemption.

I understand and agree that any exemption granted is not transferable if the property is sold, deeded or granted to another person or entity.

I understand and agree that the City of Clearlake may revoke an approved exemption pursuant to the terms of Ordinance 198-2017.

Property Owner's Name: _____

Property Owner's Signature: _____ **Date:** _____

Property Owner's Mailing Address: _____

Property Owner's email/Phone Number: _____

RETURN OR MAIL THIS COMPLETED FORM TO: 14050 Olympic Dr, Clearlake, CA 95422

For Office Use Only: Gave to Code Enforcement on: _____/_____/_____ Name: _____

Returned from Code Enforcement on: _____/_____/_____ Code Enforcement Officer: _____

[ ] APPROVED

[ ] DENIED due to: _____