

APPLICATION FOR EXEMPTION
FROM PAYMENT OF
SANITATION SERVICE CHARGES

NAME OF APPLICANT: _____

TRADE NAME: _____

MAILING ADDRESS: _____

Address of property
for which this exemption
is claimed: _____

Contact Party: _____ Telephone: _____

Name and address of disposal company:

Please attach a copy of the disposal contract or current invoice.

**Sewerage and Water Board account number
(twelve digits)**

(Use separate sheet for additional information)

SIGNATURE

Return application, copy of disposal contract and \$100 application fee to:

Sewerage and Water Board – Special Accounts Unit, Room 124

625 Saint Joseph Street, New Orleans, LA 70165

Fax: (504) 585-2509