

APPEAL **MUST** BE FILED
WITHIN 30 DAYS OF
REGISTER RECEIPT DATE

CITY OF SAN DIEGO
ESD/Refuse Disposal Division
5180 Convoy Street
San Diego, CA 92111
(858) 492-6100

ORIGINAL PAID LANDFILL
RECEIPT MUST BE
ATTACHED HERE

FEE APPEAL FORM

NAME _____ TARE WEIGHT REGISTRATION NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

VEHICLE LICENSE NO. _____ VEHICLE YEAR & TYPE _____

TELEPHONE (DAY) _____ FEE CHARGED \$ _____

Cash

Check

Coupon

Deferred Account

PLEASE STATE REASON(S) FOR APPEALING CHARGES INDICATED ABOVE: _____

_____ SIGNATURE _____ DATE _____

DISPOSAL SITE REPRESENTATIVE USE ONLY

DSR NAME _____ INCIDENT DATE _____ INCIDENT TIME _____

BOOTH NUMBER _____ Cash Check Coupon Deferred Account

TYPE OF VEHICLE _____ FEE CHARGED \$ _____

VEHICLE LICENSE NO. _____ TYPE OF REFUSE _____

COMMENTS _____

VERIFIED CITY RESIDENT: YES _____ NO _____ SIGNATURE _____ DATE _____

SUPV/SR DISPOSAL SITE REPRESENTATIVE: Fee Determined Correctly Incorrectly

FEE EXEMPTION RECOMMENDED: Total Partial Navy Fee Exempt Denied

COMMENTS _____

SUPV/SR DSR SIGNATURE _____ DATE _____

FISCAL SERVICES USE ONLY

COMMENTS / CONDITIONS _____

SUPERVISOR'S SIGNATURE _____ DATE _____ TITLE _____

ACCOUNTING'S SIGNATURE _____ DATE _____ DP# _____