

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 \$ \_\_\_\_\_

Credit Card       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 \_\_\_\_\_  Credit Card     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# \_\_\_\_\_