

LANDFILL FEE WAIVER APPLICATION FORM
CECIL COUNTY SOLID WASTE MANAGEMENT DIVISION
758 E. Old Philadelphia Rd, Elkton, MD 21921

Waiver # _____

Date Received: _____

For office use only

Contact/Return form to:

Tadams@cecilcountymd.gov
Phone: 410-996-6275

Please select waiver being requested: (As per County Code Chapter 318)

- 100% waiver of fees – Result of organized environmental cleanups of roadsides, waterways, parks, and similar public open spaces
- 50% waiver of fees – Humanitarian projects undertaken by non-profit organizations
- 50% waiver of fees – Residents not covered by insurance generated by catastrophic occurrences such as fire, flood, tornado, or hurricane

Applicant Name: _____ Address: _____

Phone Number to reach applicant at: _____ E-Mail: _____

Briefly describe need for waiver: _____

Address of Waste: _____

All Landfill Fee Waiver Applications must be accurate, complete, and must be submitted to the Director of Administration at least 30 days prior to the event in order to be considered. In the case of genuine emergencies, the request shall be submitted as far in advance of the waste disposal as possible. Applicant will be notified of denial or approval in writing within thirty (30) days. **Under penalty of perjury, I certify that the information provided herein is true to the best of my knowledge and belief.**

Applicant's Signature: _____ Date: _____

Recommendation of Chief of Solid Waste Management Division: No waiver 50% waiver 100% waiver

Remarks: _____

Elizabeth Osborne, Chief, SWMD _____ Date Reviewed _____

Determination: No waiver 50% waiver 100% waiver

Remarks: _____ Waiver Expiration: _____

Dan Schneckenburger, Director of Administration _____ Date Approved _____