

SOLID WASTE ASSESSMENT ACCESSORY DWELLING DISABILITY EXEMPTION APPLICATION

ID/ Folio #		
Owner/Applicant Name	Disabled Relative Name	
Address		Phone #:
Describe Additional Dwelling's Use:	al	
grandparent, great gra years of age or older a		parcel owners. Such occupant must be eighteen (18) occupant has a disability requiring assistance with
	s. (please print) g activities. The foregoing statement is true, correct,	has a disability requiring and complete to the best of my knowledge
Physician's	Signature	Date
Print Physici	an's Name ON CERTIFICATION: All applications for the current	License # Tax Year, must be received by May 1st.
[hereby attest that assistance with daily living activities.	I reside at the accessory dwelling above and
	assistance with daily fiving activities.	Date
collection and disposal ass to have made any willfully	willfully false statement in the application for an exessesments. If the owner of the accessory dwelling un false statement in the application for the exemption rosecution in the same manner as a misdemeanor pur	it for which an exemption is granted is found, the exemption shall be revoked, and the
This signed physician-and	-exemption certification may be emailed to: PublicU	Itilities@HCFLGOV.NET
Or mailed by US Post to:		
Hillsborough County Solid Attention: Assessments PO Box 89637	d Waste Management	
Tampa, Florida 33689	Solid Waste Staff R	eview Date / Initials://

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), Hillsborough County will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. Persons with disabilities who need accommodation for this document should email Hillsborough County ADA Officer or call (813) 276-8401; TTY: