

CITY OF MANCHESTER
14318 MANCHESTER RD.
MANCHESTER, MO 63011
P: 636.227.1385
F: 636.227.5438
lperney@manchestermo.gov



APPLICATION #

APPLICATION FOR TRASH FEE EXEMPTION HARDSHIP

(Exemptions must be applied for each year)

OWNER/OCCUPANT NAME(S): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE #: _____ EMAIL: _____

I/we hereby request that the property listed above be exempt from the trash/recycle/yard waste hauling fee by the City's authorized contractor in accordance with Section 3 which reads in part as follows: The City Administrator shall establish procedures for property owners who claim financial hardship in the payment of the fees established herein. *This exemption may be granted upon application by low-income property owners who occupy their properties and meet established income guidelines ("Extremely Low Income Limits" set by HUD for St. Louis Metro Area).*

My household status is: Individual Married _____ Persons in Family/Household

TOTAL household income from Social Security AND all other sources: \$ _____

YOU MUST PROVIDE PROOF OF ANY AND ALL HOUSEHOLD INCOME.

I hereby certify that the information given above is true and correct to the best of my knowledge.

Owner/Occupant(s) Signature: _____ Date: _____
_____ Date: _____

Complete this form, PROVIDE PROOF OF INCOME and return to:

Office of the City Administrator, City of Manchester
14318 Manchester Rd., Manchester, MO 63011

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED

By: _____

Date/Time: _____

- Proof of Income
- Guidelines Met

APPLICATION REVIEW

By: _____

Date/Time: _____

- Trash Fee Exemption Approved
- Trash Fee Exemption Not Approved

COMMENTS: _____