

OSBORNE COUNTY
SOLID WASTE SPECIAL ASSESSMENT CHANGE REQUEST

Request # _____

Name of Property Owner _____ TAX ID# 1- _____

Address _____

Legal Description of Property _____

What do you believe the Solid Waste Assessment should be? _____

If you want to be notified of the hearing date please include daytime phone number _____

or email address _____

Current rates: Residential \$60.00
(circle one) Commercial \$60.00 \$120.00 \$180.00 \$ 240.00 over \$ 240.00

Explain why the assessment should be changed. _____

Signature _____ Date _____

(FOR OFFICE USE ONLY)

Commissioner Decision: No Change _____ Change to _____

Commissioner Explanation: _____

Board of County Commissioners

Chairperson _____ Date _____

Commissioner _____ Date _____

Commissioner _____ Date _____