

**Solid Waste Availability Fee
Notice of Appeal Request Form**

1-A Identification of Property

Street Address _____

Property Identification Number (PIN) _____

1-B (To be completed if personal property)

Description of dwelling located on property for which appeal is being requested _____

Reason for appeal request _____

Has this property ever been considered for appeal () Yes () No
(if yes) Date: _____ Approved () Yes () No

1-C (To be completed if business entity)

Name/description of business for which appeal is being requested _____

Reason for appeal request _____

Has this business ever been considered for appeal () Yes () No
(if yes) Date: _____ Approved () Yes () No

1-D Identification of Owner

Name: _____

Mailing Address: _____

Phone: _____

Signature: _____

OFFICE USE ONLY

Date of Property Inspection: _____ Inspector: _____

Appeal Approved () Yes () No

Comments: _____

Solid Waste Director Signature: _____ Date: _____

Hearing Required: () Yes () No Date of Hearing (if applicable): _____

To Be Completed by Solid Waste Appeals Board

Appeal Approval by Appeals Board: () Yes () No Date: _____

Comments: _____

*Please mail completed form to Madison County Solid Waste: 271 Craig Rudisill Road, Marshall NC 28753