



COUNTY OF MAUI – DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

2200 Main Street, Suite 225 • Wailuku, HI 96793 • Phone (808) 270-7875 • Fax (808) 270-7843

LANDFILL TIPPING FEE WAIVER REQUEST

Please Complete the **REQUESTER INFORMATION** Section and Submit Online, By Certified Mail, or Drop-Off to the above address. Request # _____

REQUESTER INFORMATION

Name: _____	Date: _____
Address: _____	Organization: _____
City, State, Zip Code: _____	Telephone Number: _____
Email Address: _____	Fax Number: _____

- Is the Organization an IRS Code Section 501(c) (3) or 501(d) Non-profit Organization? YES NO
- If YES, is a copy of the 501(c) (3) or 501(d) certification attached? YES NO
- Is the Organization participating in a County-sponsored event? YES NO
- Does the Organization have a recycling operating permit issued by the State of Hawaii, Department of Health? YES NO
- Is the Recycling Verification Form attached, and Part A completed? YES NO
- If the material being taken to the landfill is from construction or demolition (C&D), is approved C&D form attached? YES NO

Describe in detail the types of materials that will be taken to the landfill: _____

Waivers will be used during: *FY 2019 (7/1/2018 – 6/30/2019)* *FY 2020 (7/1/2019 – 6/30/2020)*

Material will be delivered to: *Central Maui Landfill* *Molokai Landfill* *Lanai Landfill* *Hana Landfill*

Vehicle Capacity in cubic yards: _____ **Number of Waivers Requested:** _____

**Note: One Waiver required per truck load.*

Name of Transporter/Hauler: _____ **Hauling/Disposal Dates:** _____

Completed Landfill Tipping Fee Waiver Requests must be submitted to the County of Maui Solid Waste Division at least thirty (30) days prior to event. Incomplete and un-timely requests will be denied. Requester is required to maintain all records for a period of three (3) years from the hauling/disposal date for County of Maui review. Failure to provide records upon request will result in future waiver request denial. Any exceedance in max tons waived will result in future waiver request denial.

I certify that the information provided herein is accurate and true to the best of my knowledge and belief. Furthermore, I will follow all State of Hawaii and County of Maui rules and regulations governing the County of Maui landfills.

_____	_____	_____
Authorized Signature of Organization Manager/Administrator	Printed Name & Title	Date

WAIVER REQUEST DETERMINATION (For Official Use Only)		
<input type="checkbox"/> Approved for _____ waivers. (Note: A maximum of 5 tons cumulative per year, per organization is allowed.) All waivers expire on _____ <input type="checkbox"/> Denied waivers	Remarks	
	Director of Environmental Management	Date

