



# Application for Adjustment of Solid Waste Fee Refund

**RETURN FORM TO:**

Board of County Commissioners  
150 Courthouse Drive #109, Driggs, ID 83422  
commissioners@co.teton.id.us  
PHONE: 208-354-8775 FAX: 208-354-8410

2015 and 2016 Solid Waste Fees paid by owners of vacant parcels without structures have been refunded and/or cancelled. The amounts were calculated using numbers provided by the Idaho State Tax Commission. Refund checks, and updated Tax Due Notices, were mailed the week of May 22, 2017. If you believe the amount of your refund and/or cancellation is in error, or if you did not receive a refund or cancellation and believe one is due, please complete and return this form to the County Commissioners. If you are submitting a request for more than one parcel, you must complete one form per parcel, or else attach a sheet itemizing the requested adjustment amount(s) per parcel.

PARCEL NUMBER: \_\_\_\_\_

Please increase my refund and/or cancellation amount by \$\_\_\_\_\_ because:

\_\_\_\_\_  
\_\_\_\_\_

\*\* Please re-issue check #\_\_\_\_\_ using payee name \_\_\_\_\_ because:

\_\_\_\_\_  
\_\_\_\_\_ *\*\*must attach original check*

Please issue a refund and/or cancellation in the amount of \$\_\_\_\_\_ because:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am:  current owner of the parcel identified above  
 previous owner of the parcel identified above  
 authorized agent of the current or previous owner

Mailing address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**BOARD OF  
COMMISSIONERS  
DECISION**

Deny request

Approve CANCELLATION REFUND or RE-ISSUE (circle one) of \$\_\_\_\_\_

Comments/Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mark R. Ricks, Chairman*

Cancellation completed by Treasurer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Refund/Re-issue Check #\_\_\_\_\_ issued by Clerk Initials: \_\_\_\_\_ Date: \_\_\_\_\_