



Lealman Solid Waste Disposal District Vacant Residential Unit Refund Request

The Board of County Commissioners has provided a process whereby owners of Residential Units, which are vacant for the entire calendar year, January 1 through December 31, and generate no Residential Waste during that period, may apply for a refund of the special assessment paid. Refund requests must be submitted within ninety (90) days following the end of the fiscal year (**no later than March 31 of the following year**) for which the refund is sought. Failure to file the application within the time permitted constitutes a waiver of the right to a refund.

The submittal of an application for refund constitutes consent for County inspectors to enter the property to inspect the interior and exterior of the Residential Unit and to conduct other inquiries or investigations as necessary to validate or refute the validity of the application. Refusal to admit County inspectors upon reasonable notice shall constitute waiver of any refund. Please note that this application only applies to residents of the Lealman Solid Waste Disposal District. To see if your home is within the district, view this [map](#).

To apply for the Vacant Residential Refund, provide the information requested below, have your signature notarized, and mail it and the requested documentation to the address indicated below.

1. Vacancy Period January 1, _____ through December 31, _____
2. Owner's Name _____
3. Telephone Number _____
4. Owner's Address (Number/Street) _____
(City/State/Zip) _____
5. Tax Parcel ID Number _____
6. Parcel Address (Number/Street) _____
7. Provide proof of payment of the special assessment for the fiscal year for which the refund is sought;
8. Provide confirmation from the electrical utility serving the area of electrical service for the Residential Unit amounting to less than 400 kwh/month;
9. Return this form and items #7 – 8 (postmarked no later than March 31) to: Department of Solid Waste
3095 114th Avenue North
St. Petersburg, FL 33716
Attn: Lealman Coordinator

By signing this application I affirm under oath that all of the statements made herein are true and hereby certify that I am the owner of the property and the Residential Unit has not been claimed as homestead for the period which the vacancy credit is sought.

Owner's Signature

County of _____

State of _____

The foregoing statement was acknowledged before me this _____ day of _____, 20____, by _____ (Name of Signor) who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public

Name of Notary
Notary Public, State of Florida

Commission Number

Do not complete. District Use Only.

REQUIRED DOCUMENTATION PROVIDED: Yes No

REFUND REQUEST APPROVED: Yes No

Date Refund Processed

DISTRICT REPRESENTATIVE: _____
Printed Name and Initials