



City Hall, PO Box 708, Garibaldi, OR 97118
Office: (503) 322-3327
City Email: city@garibaldi.gov

Application
Sewer Charge for Landscaping

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Account Number: _____

Month requested for waiver: _____

Applicant Signature: _____

For Staff Only

Amount of sewer rate to be waived:

June _____

July _____

August _____

September _____

Total Amount of sewer rate to be waived \$ _____

Approved:

Public Works Superintendent or City Manager

Date: _____