



# CITY OF HARRISONBURG PUBLIC WORKS

320 EAST MOSBY ROAD, HARRISONBURG, VA 22801

OFFICE (540) 434-5928 • FAX (540) 434-2695

## FOR CITY USE ONLY

Exemption Determination

☐ Granted

☐ Denied

Exemption Issue Date

Exemption Expiration Date

## Exemption Request Form

### General Information:

#### Business Information

Business Tax Map Parcel Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_

#### Owner Information

Owner Name (Last, First, M.I.): \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (w/Area Code): (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Application

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

New Request

Renewal

Correction or Update



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## Application Response

Describe how your business has "no reasonable alternative" to using expanded polystyrene food service container (EPS) products. Attach any additional documentation or pages as needed.

Describe how your business would experience "significant economic hardship" if it were to comply with the expanded polystyrene food service container (EPS) ban. Attach any additional documentation or pages as needed.

## Signature of Agreement

I hereby certify the above information to be true and correct to the best of my knowledge.

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date