

LANDFILL FEE WAIVER APPLICATION FORM  
CECIL COUNTY SOLID WASTE MANAGEMENT DIVISION  
758 E. Old Philadelphia Rd, Elkton, MD 21921

Waiver # \_\_\_\_\_

Date Received: \_\_\_\_\_

**For office use only**

Contact/Return form to: Patricia Wing, e-mail: [pwings@ccgov.org](mailto:pwings@ccgov.org)  
Phone: 410-996-6275, Fax: 410-287-4608

Please select waiver being requested: (As per County Code Chapter 318)

- 100% waiver of fees – Result of organized environmental cleanups of roadsides, waterways, parks, and similar public open spaces
- 50% waiver of fees – Humanitarian projects undertaken by non-profit organizations
- 50% waiver of fees – Residents not covered by insurance generated by catastrophic occurrences such as fire, flood, tornado, or hurricane

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number to reach applicant at: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Briefly describe need for waiver: \_\_\_\_\_

Address of Waste: \_\_\_\_\_

All Landfill Fee Waiver Applications must be accurate, complete, and must be submitted to the Director of Administration at least 30 days prior to the event in order to be considered. In the case of genuine emergencies, the request shall be submitted as far in advance of the waste disposal as possible. Applicant will be notified of denial or approval in writing within thirty (30) days. **Under penalty of perjury, I certify that the information provided herein is true to the best of my knowledge and belief.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of Chief of Solid Waste Management Division:  No waiver  50% waiver  100% waiver

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Cliff Engle, Chief, SWMD

Date Reviewed \_\_\_\_\_

Determination:  No waiver  50% waiver  100% waiver

Remarks: \_\_\_\_\_ Waiver Expiration: \_\_\_\_\_

\_\_\_\_\_  
Alfred C. Wein, Jr., Director of Administration

Date Approved \_\_\_\_\_