

# SANITATION FEE OPT-IN

NAME OF OWNER(S): \_\_\_\_\_

MAILING ADDRESS OF OWNER(S): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_ How many units: \_\_\_\_\_

1. I hereby request the City Assessor remove the sanitation fee exemption applicable to the property listed above. I understand the exemption shall be removed effective on the first day of the third week following the City's receipt of this written request.
2. I understand that the provisions of the City's Local Law pertaining to solid waste disposal and the sanitation fee shall thereafter apply to each unit on said real property receiving solid waste services.
3. I understand that upon approval of this application, the City of Elmira will resume garbage pick-up services.
4. I understand that payment of the pro-rated annual sanitation fee for the remaining portion of the year is being made with this request.

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

CITY CHAMBERLAIN'S OFFICE Date Received: \_\_\_\_\_

Apportioned Fee Period: \_\_\_\_\_ through December 31, \_\_\_\_\_

Total Amount Due upon receipt of Opt-In Form: \_\_\_\_\_

ASSESSOR'S OFFICE Date Received: \_\_\_\_\_  
& added to roll

PUBLIC SERVICES OFFICE Date Received: \_\_\_\_\_

Scan completed form to the Assessor's Office