

SANITATION FEE OPT-OUT

NAME OF OWNER(S): _____

MAILING ADDRESS OF OWNER(S): _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

LOCATION OF PROPERTY: _____

TAX MAP #: _____

1. I hereby request that the commercial and/or residential unit(s) located at the above street address be removed from solid waste collection and disposal services provided by the City of Elmira and from the annual sanitation fee charged for such services.
2. I hereby state that weekly solid waste collection and disposal services have been arranged for each of the commercial and/or residential units located at the above location of property.
3. I understand that effective beginning the first day of the second month immediately subsequent to the date of approval of the request and for each calendar year thereafter unless or until the owner(s) or subsequent owner(s) file a Sanitation Fee OPT-IN form to resume solid waste collection services, the City will no longer provide solid waste collection for the residential or commercial units located at the above location.
4. I hereby acknowledge that if the City of Elmira provides collection services for one or more of the commercial and/or residential units located at the above property location address, that I shall be liable to pay the City a collection of \$50.00 or such other amount as the City Council shall establish for each collection.
5. I hereby represent and warrant that upon approval of this application and beginning the first day of the second month immediately subsequent to the date of approval, I shall not use nor shall I allow any occupants of commercial and/or residential unit(s) at such address to use the solid waste collection and disposal services provided by the City unless and until I have applied for revocation of exemption.
6. I hereby affirm as Owner of the property, that I have arranged for the weekly solid waste collection and disposal services for each of the units at the location listed above.

Signature of Owner

Sworn to before me

This _____ day of _____, 20_____

Notary Public

OFFICE USE ONLY

ASSESSOR'S OFFICE

Date received: _____

Sanitation fee removed from file(s): 20_____
20_____

of units _____

Signature

***** FORWARD COPY TO CITY MANAGER'S OFFICE*****

CITY MANAGER'S OFFICE

Date received: _____

Application Approval: Yes _____ No _____

City Manager Signature

***** FORWARD COPY TO CITY CHAMBERLAIN'S OFFICE*****

CITY CHAMBERLAIN'S OFFICE

Date received: _____

Apportioned Fee Period _____ through December 31, _____

$$\begin{array}{rcl}
 \text{Amount Due: } \frac{\text{_____}}{\text{\# of units}} & \times & \frac{\text{_____}}{\text{fee per unit}} = \frac{\text{_____}}{\text{Total Annual Fee}} \\
 \frac{\text{_____}}{\text{Total Annual Fee}} & \div & \frac{\text{_____}}{\text{365 days/year}} = \frac{\text{_____}}{\text{Rate/Day}} \\
 \frac{\text{_____}}{\text{Rate/Day}} & \times & \frac{\text{_____}}{\text{Pro-rated \# of Days}} = \frac{\text{_____}}{\text{Amount Due}}
 \end{array}$$

***** FORWARD COPY TO PUBLIC SERVICES OFFICE*****

PUBLIC SERVICES OFFICE

Date received: _____
and added to the NO-PICKUP LIST

Signature DPW