

# SANITATION FEE OPT-OUT

1. NAME OF OWNER(S): \_\_\_\_\_
2. MAILING ADDRESS OF OWNER(S): \_\_\_\_\_
3. TELEPHONE NUMBER(S) DAY#: \_\_\_\_\_ CELL/OTHER#: \_\_\_\_\_
4. LOCATION OF PROPERTY: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_
5. 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.
6. I hereby represent 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, as evidenced by the attached document(s).
7. 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.
8. 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 to the City a collection of \$50.00 or such other amount as the City Council shall establish for each collection.
9. 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.

\_\_\_\_\_  
Signature of Owner(s)

Sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Signed: \_\_\_\_\_

\_\_\_\_\_  
Assessor's Office

CITY CHAMBERLAIN'S OFFICE

DATE RECEIVED: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_

Apportioned Fee Period \_\_\_\_\_ thru December 31, \_\_\_\_\_

<b>Amount Due:</b> _____	<b>X</b>	_____	=	_____
# of units		Fee per unit		Total Annual Fee
_____	÷	365 days/yr.	=	_____
Total Annual Fee				Rate/Day
_____	<b>X</b>	_____	=	\$ _____
Rate/Day		Pro-rated # of Days		<b>Amount Due</b>

*Distribution: 1 copy Public Services, 1 copy Owner, 1 copy Chamberlains Office. Return completed original to Assessors Office*

### SANITATION FEE OPT OUT

*THIS PAGE IS FOR CITY USE ONLY -*

#### ASSESSOR'S OFFICE

Property location: \_\_\_\_\_ Tax Map # \_\_\_\_\_

Applicant is owner? Yes\_\_\_ No\_\_\_ # of commercial units \_\_\_\_\_  
# of residential units \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_

\*\*\*\*\* FORWARD ALL COPIES TO THE CITY MANAGER'S OFFICE\*\*\*\*\*

---

#### CITY MANAGER'S OFFICE

Date Received \_\_\_/\_\_\_/20\_\_\_

APPLICATION APPROVAL: Yes\_\_\_ No\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_  
City Manager

\*\*\*\*\* FORWARD ALL COPIES TO THE PUBLIC SERVICES OFFICE\*\*\*\*\*

---

#### PUBLIC SERVICES OFFICE

Property added to the NO-PICKUP LIST Date \_\_\_/\_\_\_/20\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_  
Work Center

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_  
DPS Director

\*\*\*\*\* KEEP A COPY AND FORWARD THE ORIGINAL COMPLETED FORM TO THE ASSESSOR'S OFFICE\*\*\*\*\*

---

#### ASSESSORS OFFICE

Date Received \_\_\_/\_\_\_/20\_\_\_

Sanitation fee removed from file(S): 20\_\_\_\_\_

20\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_

**OWNER MUST COMPLETE THIS PAGE AND HAVE NOTARIZED**

**SANITATION DISPOSAL AFFIDAVIT**

I hereby affirm as Owner(s) of the property located at: \_\_\_\_\_

Elmira, NY that I have arranged for the weekly solid waste collection and disposal services for each of the commercial and or residential units at the above listed location.

**(Please have your signature notarized)**

Signature of owner(s): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

Signature of owner(s): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

**Owner contact Phone:** \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public