City of Elmira
Office of the City Chamberlain
Phone: (607) 737-5661
http://www.ci.elmira.ny.us

CLICK AND TYPE
Complete this form online
and print to your printer

317 E. Church St
Elmira, NY 14901
Fax: (607) 737-5783

PRINT

Commercial Sanitation Opt-In Application

Date of Application_____

Name of Owner (Business Name) _____

_____

Mailing Address of Owner/Business _____

_____

Property Location to be served _____

_____

- The undersigned hereby requests the City of Elmira to provide weekly solid waste collection services at the above location.
- I understand that upon approval of this application, the City of Elmira will begin solid waste collection services at the above location on _____ (or during the week of _____).
- In consideration for these services, the undersigned agrees to pay the City the applicable sanitation fee established by the City.
- Payment of the pro rata annual sanitation fee for the remaining portion of this calendar year is being made with this request. Billing for each subsequent year will be made in January for the entire year. City service may be terminated by filing with the City Chamberlain a notice of election to terminate. Upon such filing, City service will terminate effective the 1st day of the 2nd month immediately following the date of filing of the termination. The undersigned agrees that the business shall be responsible for payment of the sanitation fee prorated to the date of termination.

PRINT
RESET

After completing this form, print 3 copies, sign each one, and return all 3 to the City Chamberlain's Office

_____
Signature of Applicant

FOR USE BY CITY CHAMBERLAIN'S OFFICE Date Received _____ _____ (Initials)

Apportioned fee period _____, 20___ through December 31, 20___

Apportioned number of months ____ 1-6 bags
____ 7-12 bags
____ Apartments

Commercial	1-6 bags	$180	x	=	$_____
Commercial	7-12 bags	$360	x	=	$_____
Apartments with more than 20 units			x	=	$_____

TOTAL AMOUNT DUE $_____

FOR USE BY DEPT. OF PUBLIC SERVICES Date Reviewed _____ _____ (Initials)

Date Received _____ _____ (Initials)

[ ] Approved [ ] Disapproved

FOR USE BY CITY MANAGER

[ ] Approved
[ ] Disapproved

_____ _____
City Manager Date

Copy of this application mailed to applicant on _____, 20____ _____
(Date) (Initials)

City Chamberlain Copy **Public Services Copy** **Applicant's Copy**