2026-2027 UTICA SOLID WASTE SERVICE CHARGE APPEAL APPLICATION **DEADLINE: RETURN BY FEBRUARY 1, 2026**

Please complete the following for the upcoming April 1, 2026, through March 31, 2027, fiscal year and return this original application by February 1, 2026. The City Code requires an inspection and verification of your property by this office. Please immediately report any change in the status or use of the property. NOTE: This Application Must Be Submitted Each Year!!

Parcel #:	Parcel # may be found on a previous year service charge bill or tax bill.	
Property Address:		
Type of Property:		
Print Owner's Name:	X	
Full Mailing Address:	X	
City, State, Zip:	X	
Day Time Phone Number:	X	
Owner's Signature & Date:	X	
documentation (i.e., private need help, please call (315)	ne appropriate boxes below and supply an explanation with any haulers contract/invoice, photos, etc.). If you have any questions or 731-0238 . (X – required – please fill in blank lines!)	
collection systems (M	 building not using City's garbage, trash, green waste, or recycling UST ATTACH CURRENT PROOF OF THE PRIVATE HAULER YPE OF COLLECTION SERVICE FOR THE ADDRESS ABOVE.) 	
() Vacant Building – Prope	rly Secured	
() Vacant Apartment(s)-Pa	rtial Exemption (must complete page 2 on the back of this form)	
() Religious Property used only as Living Quarters		
() Building Occupied as One Family with No Vacancies		
() Other:	**************************	
	OT WRITE BELOW – FOR SOLID WASTE USE ONLY	
Inspector's results:		
Data	Inspector's Signature	
Date	inspector's Signature	

VACANT APARTMENT – PARTIAL EXEMPTION ONLY

(Must complete the other side.)

As the owner of the property listed on the reverse side, I hereby apply for a partial exemption from the City of Utica Solid Waste Service Charge for the fiscal year April 1, 2026, through March 31, 2027. The reason for this application is that this property is only occupied as **(check the one below that applies to you):**

****************	**************
Date	Property Owner's Signature
For the reason indicated above, I request to be a rate which is equivalent to a one or two-family do the period in which this vacancy is maintained property during the year, I understand that the notify the Authority, as required by law, and an a	welling, according to my selection above, during d. Should I rent the vacant unit(s) or sell the partial exemption status may be revoked. I wil
Number of VACANCIES in Building:	
TOTAL NUMBER of Apartments/Units in Building	g:
I hereby agree that I will maintain a vacan not less than one year from April 1, 2026, property to be used only as a TWO-FAMI	
I hereby agree that I will maintain a vacan not less than one year from April 1, 2026, property to be used only as a ONE FAMIL	

PLEASE RETURN THIS ENTIRE FORM BEFORE FEBRUARY 1, 2026, TO:

UTICA SOLID WASTE SERVICE CHARGE P.O. BOX #527 UTICA, NEW YORK 13503-0527

E-Mail: rachels@ohswa.org

NEW: ONLINE SUBMISSION WWW.OHSWA.ORG

Questions / Concerns: Rachel Stiehl

315-733-1224 ext. 1800