2027-2028 UTICA SOLID WASTE SERVICE CHARGE APPEAL APPLICATION

****DEADLINE: RETURN BY FEBRUARY 1, 2027****

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, 2027, through March 31, 2028. The reason for this application is that this property is only occupied as **(check the one below that applies to you):**

☐ I hereby agree that I will maintain a vacancy of the other dwelling unit(s) for a period of not less than one year from April 1, 2027, and will, for the same period permit the property to be used only as a **ONE FAMILY DWELLING.**

☐ I hereby agree that I will maintain a vacancy of the other dwelling unit(s) for a period of not less than one year from April 1, 2027, and will, for the same period, permit the property to be used only as a **TWO-FAMILY DWELLING**.

TOTAL NUMBER of Apartments/Units in Building: _____

Number of **VACANCIES** in Building: _____

For the reasons indicated above, I request to be billed for solid waste collection and services at a rate which is equivalent to a one or two-family dwelling, according to my selection above, during the period in which this vacancy is maintained. Should I rent the vacant unit(s) or sell the property during the year, I understand that the partial exemption status may be revoked. I will notify the Authority, as required by law, and an adjustment will be made accordingly.

_____ _____

Date Property Owner's Signature

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PLEASE RETURN THIS ENTIRE FORM BEFORE FEBRUARY 1, 2027, 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

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Please complete the following for the upcoming April 1, 2027, through March 31, 2028, fiscal year and return this original application by February 1, 2027. *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!!**

Property Address: _____

Parcel: _____

Type of Property: _____

Print Owner's Name: X _____

Full Mailing Address: X _____

City, State, Zip: X _____

Day Time Phone Number: X _____

E-Mail: X _____

Owner's Signature & Date: X _____

Please check one (1) of the appropriate boxes below and supply an explanation with any documentation (i.e., private haulers contract/invoice, photos, etc.). If you have any questions or need help, please call **(315) 731-0238**. (X – required – please fill in blank lines!)

( ) Private Hauler – Entire building not using City's garbage, trash, green waste, or recycling collection systems **(MUST ATTACH CURRENT PROOF OF THE PRIVATE HAULER THAT SHOWS THE TYPE OF COLLECTION SERVICE FOR THE ADDRESS ABOVE.)**

( ) Vacant Building – Properly Secured

( ) Vacant Apartment(s)-Partial 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: _____

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PLEASE DO NOT WRITE BELOW – FOR SOLID WASTE USE ONLY

Inspector's results: _____

_____

_____ _____

Date **Inspector's Signature**