



GARBAGE BILL EXONERATION FORM

I, _____, hereby verify under penalty
(NAME)
of perjury that the apartment/residence located at

_____, Jeannette, PA, 15644
(PROPERTY LOCATION)

has been vacant since _____, 20____.
(MONTH)

Account Number: _____

Period: 1 2 Year: _____

CIRCLE ONE: 1 = SPRING (JAN-JUNE) 2 = FALL (JULY-DEC)

APPROVED STAMP

I understand that the statements herein are made subject to the penalties of 18PA.CS. Section 4904 (relating to unsworn falsification to authorities).

DATE

SIGNATURE

STREET ADDRESS OF PERSON FILING

PHONE NUMBER

CITY/STATE/ZIP

EMAIL ADDRESS (OPTIONAL)

NOTE: Exonerations are done at the END of each billing cycle.
Period 1 Exonerations are processed in June & July
Period 2 Exonerations are processed in December & January
Please send this form in accordingly to have your exoneration processed correctly. **THIS PROCESS MUST BE DONE EVERY SIX (6) MONTHS.**
For partial (pro-rated) exonerations, please call the Tax Office