



# City of Johnstown

## Department of Finance

### REFUSE/GARBAGE COLLECTION FEES LIMITED EXONERATION APPLICATION

REGISTERED PROPERTY OWNER: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PROPERTY ADDRESS OF UNIT FOR REQUESTED EXONERATION \_\_\_\_\_

WARD: \_\_\_\_\_

MAP NO. \_\_\_\_\_

1. Does the registered property owner maintain or reside in one of the (2) residential dwelling units?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Is the unit a double frame or other type construction into one structure?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. To the best of your knowledge, is this as originally constructed?  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. How long has the residential unit you are requesting exoneration of garbage fees been unoccupied?  
YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_
5. Reasons for unit not being occupied or offered for occupancy? Explain briefly:  
\_\_\_\_\_
6. Do you have plans or intentions to have the unit offered as a residential living space at a date to be determined?  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. If exoneration is granted, do you understand that it is your obligation to notify the City of Johnstown within 10 days of such occupancy?  
YES \_\_\_\_\_ NO \_\_\_\_\_

-AFFIDAVIT

I \_\_\_\_\_ am the legally registered owner of the property located at \_\_\_\_\_

For which I am applying for exoneration of refuse collection fees for the calendar year \_\_\_\_\_.

I understand that the City Of Johnstown's Code's Department or other authorized personnel may inspect the unit for compliance, with prior-notice given, and that I am responsible for all payment of refuse collection fees, interest and penalties, and prosecution of Section 3926 for Theft of Services the Commonwealth of Pennsylvania's Title: Crimes Code for violation and NON-compliance with the provisions of this ordinance.

\_\_\_\_\_  
Registered Property Owner

**Please provide proof of two utility showing little or no usage**

**ALL FORM MUST BE IN THE FINANCE OFFICE NO LATER THAN APRIL 30TH**

**City Use Only**

YEAR \_\_\_\_\_ 'EXONERATION GRANTED YES: \_\_\_\_\_ NO: \_\_\_\_\_ DATE: \_\_\_\_\_  
CODES INSPECTION DATE \_\_\_\_\_ APPROVED: \_\_\_\_\_