SOLID WASTE FEE APPEALS FORM

Please provide the following contact information.

NAME: _____

MAILING ADDRESS: _____
_____

PHONE NUMBER: _____
FAX NUMBER: _____
CELL NUMBER: _____

E-MAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT (E-MAIL, PHONE, U.S. POSTAL):_____

Please provide the following information for the property on which the appeal is being filed.

TOWN: _____

SECTION-BLOCK-LOT #: _____

PHYSICAL ADDRESS: _____
_____

I AM FILING THIS APPEAL FOR: ☐ ELIMINATION OF FEE
☐ REDUCTION OF FEE – FROM $_____ TO $_____

BASIS OF APPEAL: *Please provide a brief explanation as to why you believe the Solid Waste Fee charge to your property should be eliminated or reduced:*

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PLEASE ATTACH A COPY OF YOUR TAX BILL. APPEALS MAY BE DELAYED IN THE ABSENCE OF A COPY OF THE TAX BILL. FORMS MUST BE RETURNED TO THE SULLIVAN COUNTY TREASURER'S OFFICE, PO BOX 5012 MONTICELLO NY 12701 NO LATER THAN MARCH 31, 2013