

## **City Refuse Collection**

## **Exemption Form 2018**

Property Location:	OPA Account #: — EIN (If property is owned by a business):
Owner #1 Name:	Owner #2 Name:
Owner #1 Social Security #:	Owner #2 Social Security #:
Phone #:	Phone #:
Mailing Address:	City: State: ZIP:
Owner #1 E-mail Address:	Owner #2 E-mail Address:
Property Type (check one): Commercial Residential	Mixed Use (Residential/Commercial)  Number of Units:
If requesting an exemption from the service fee, check the appropriate box indicating the exemption type. Only the exemptions indicated below will qualify as an eligible exemption. After your exemption is reviewed you will be notified if the service fee is waived.	
Exemption Type (Check only one)	
Owner Occupied Duplex (Enclose copy of current rental license from Departmet of Licenses & Inspections)	
Private Hauler (Enclose copy of current service agreement from licensed hauler)	
House of Worship (Include IRS 501C Exemption Letter)	
Owner-occupied (Not rented)	
☐ Vacant (Enclose copy of current Vacant Property License from Department of Licenses & Inspections)	
Owner #1 Signature:	Date:
Owner #2 Signature:	Date:

P.O. Box 966

Philadelphia, PA 19105-0966

Por favor llene esto en Ingles. Para servicios de traducción, llame por favor (215) 686-5090. Данная форма должна быть заполнена на Английском языке. Для помощи с переводом, пожалуйсто, обращайтесь по телефону (215) 686-5090. Cette forme doit être complétée en anglais. Pour des services de traduction, appelez SVP (215) 686-5090. 表格必须用養填写。

Form must be filled out in English. For translation services please call 215-686-5090.