



REQUEST FOR REVIEW OF DELINQUENT RUBBISH FEES

**THIS FORM MUST BE RECEIVED ON OR BEFORE DECEMBER 31, 2009
TO QUALIFY FOR THE AMNESTY PROGRAM**

OWNER'S NAME: _____

PROPERTY ADDRESS: _____

FOLIO NUMBER: _____

PERSON MAKING REQUEST IF DIFFERENT FROM OWNER:

CONTACT INFORMATION FOR PERSON MAKING REQUEST:

Address: _____

Phone #: _____

I DISPUTE THE AMOUNT OF THE DELINQUENT RUBBISH FEES FOR THE ABOVE ADDRESS FOR THE FOLLOWING REASON(S):

Mark all that apply

___ I have paid these fees. Submit copies of proof of payment with form.

___ I qualify for an exemption from the fees based on age and income.
If you or your spouse are 65 years of age and have an annual income of \$7,500 or less during years 1996 through 2001 or \$15,000 or less for years 2002 and up you may qualify for an exemption from payment. Complete the application for exemption that can be found on the City's web site or can be requested by calling 610-447-7745.

___ I was sent this bill in error.
Please state why you believe there was an error.

___ Other. *Please explain why you dispute the bill and attach any proof to show the error.*

I AGREE THAT I OWE THE FEES BUT I WOULD LIKE TO SET UP A PAYMENT PLAN TO PAY THE STATED AMOUNT OVER AN EXTENDED TIME PERIOD.

___ Please send me an agreement form to establish a payment plan for the fees.

Date: _____

Signature _____

Date Form Received by Tax Office: _____