



# 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