

City of Jeannette
Office of the City Treasurer
110 S 2nd Street Jeannette PA 15644
Phone 724-527-4000 x 14 **Fax** 724-527-4002
pritsontson@cityofjnt.com
www.cityofjeannette.com



GARBAGE BILL EXONERATION FORM

I, _____, hereby verify under penalty of perjury that the
(NAME)

Apartment/residence located at _____, Jeannette, PA, 15644
(PROPERTY LOCATION)

Has been vacant since _____, 20____.
(MONTH)

Account Number: _____

Period: 1 2 Year: _____

APPROVED STAMP

Circle One 1= Spring (Jan-June) 2=Fall (July-Dec)

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

****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 and January.
Please send this form in accordingly to have your exonerations processed
correctly. THIS PROCESS MUST BE DONE EVERY SIX (6) MONTHS. For
Partial (pro-rated) exonerations, please call the Tax Office.**

****NOTE** EXONERATIONS CAN ONLY BE DONE FOR THE PREVIOUS 6 MONTHS. WE CAN NOT EXONERATE ANYTHING MORE THAN 6 MONTHS.**