

City of Albany
Department of Buildings and Regulatory Compliance
200 Henry Johnson Blvd
Albany, New York 12210
Phone: (518) 434-5035 (Treasurer's Office)
Email: taxbill@albanyny.gov



WASTE COLLECTION FEE EXEMPTION APPLICATION

If we can be of any assistance to you in completing this application, please call.
Once completed, send this application within thirty (30) days of the invoice with all required documentation to:

Mail: Treasurer's Office City Hall Room 109 Albany, NY 12207

Email: taxbill@albanyny.gov

General Information

Applicant: _____

Address: _____ ZIP _____

Email: _____

Phone Number: _____

Address of Exempt Property (If Different): _____

Total Number of Units: _____

Exemption Information

Please check all exemptions that apply and **include with the application copies of the requested documentation** in addition to any other documentation you wish to submit.

- This property receives an Enhanced STAR or low income-based property tax exemption
Required Documentation: None; though documentation may be requested upon investigation
- Waste at the property is collected by a private hauler
Required Documentation: Copy of contract indicating the time for which the contract runs
- The property is vacant and fully compliant with the Vacant Building Registry Program as required by Albany City Code §133-78.3
Required Documentation: None; though documentation may be requested upon investigation
- The unit(s) for which this fee has/have been assessed is/are not occupied and not required to have a residential occupancy permit (ROP) pursuant to Albany City Code §231-130
Required Documentation: An Affirmation of Eligibility (See reverse)

Staff Use Only

Date Rec'd: _____ Rec'd By: _____ Assigned To: _____ Scanned By: _____

Affirmation of Non-Residential Use

(Note: **Only complete this affirmation if you are claiming that one or more of your units is not occupied** and not subject to Albany City Code §231-130)

I, _____ (applicant name), hereby affirm under penalty of perjury that I am the owner of the property located at _____ (address) which contains _____ units and that _____ units was/were for all of the year 2020 not required to have a residential occupancy permit (ROP) pursuant to §231-130.

By signing this affirmation ***I consent to an inspection of this property by the Department of Buildings and Regulatory Compliance to confirm my compliance*** with the waste collection fee and acknowledge that ***any residential occupancy permit I have for this property is hereby surrendered*** and no longer applicable.

Applicant Signature: _____ Date:

Certification: I hereby certify that I have examined this application and the attached documents and that the information contained therein is true and correct to the best of my knowledge.

Applicant: _____
Date: _____

Determination
(For Staff Use Only)

- Exemption Granted**

- Exemption Not Granted**