DATE RECEIVED: ___ / ___ / _____
RECEIVED BY: _____

EXEMPTION APPEAL FORM

1. APPELLENT INFORMATION - PLEASE PRINT

NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME | PHONE NUMBER

MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR P. O. BOX) | CITY | STATE | ZIP CODE

EMAIL ADDRESS | FAX

2. PROPERTY IDENTIFICATION INFORMATION:

PROPERTY ADDRESS | CITY | STATE | ZIP CODE

☐ **Shared Commercial/Multi-Family Building**: No. of Commercial Units: _____ No. of Residential Units: _____

☐ **Multi-Family/Apartment Building**: No. of Residential Units _____

3. REASON FOR FILING APPEAL:

Please state ALL reasons for appeal. Attach additional sheets, if necessary, to provide required information. Include any supporting documentation with your submission.

_____
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CERTIFICATION

I certify that all information herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am the owner of the property.

Signature | Print Name | Date

Forms can be sent to: Bureau of Recycling & Solid Waste
641 South 10th Street
Allentown, PA 18103

Fax: 610.437.8732

Email: recycle@allentownpa.gov