City of *Fall River* Department of Community Maintenance

Application for an Abatement of Household Trash Fee

Fill in blanks with information **EXACTLY AS IT APPEARS ON THE TAX BILL**. Please type or use ball point pen and **PRINT** carefully.

Parcel: ..... Bill No.:_____

Assessed Owner: (as of 7/1/2015) .....

*Applicant (if not assessed owner): .....

Location: _____ *(Number and Street)* Zip Code: .....

REASON FOR ABATEMENT

□ **Vacant unit as of July 1st of a multi-family dwelling which shall remain vacant through June 30, 2016.**

GENERAL INFORMATION

Where to File: City of Fall River Department of Community Maintenance, 1 Government Center, Fall River, MA 02722

Filing Deadline: No later than ten (10) days of the issue date of the household fee invoice. In cases of hardship, for calendar year 2015 only, the filing deadline may be extended for an additional 10 days.

Approval: All abatements are subject to final approval by the Department of Community Maintenance

AUTHORIZATION SECTION
(Complete and Sign below)

STATEMENT OF APPLICANT:

I am exempt from the full assessment of the household fee upon the real estate parcel described above, and hereby apply for an abatement. **I also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application**. I also hereby grant the City of Fall River and its agents to inspect my property in which I claim is vacant. I grant the City of Fall River and its agents the right to inspect the subject property without the need for an administrative warrant and waive any rights I may have under the Fourth Amendment of the United States Constitution and requirements of article 14 of the Massachusetts Declaration of Rights.

X _____/_____/_____

Signature of Applicant Date

PRINT BELOW

.....

Applicant's Name (Last Name, First)

.....

Number and Street (Mailing Address)

.....

City State Zip Code

( ) _____-_____ ( ) _____-_____

Telephone Number (Day) Telephone Number (Eve.)

STATEMENT OF REPRESENTATIVE: (if any)

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. **I further state that, in the absence of this applicant's signature, I attach herewith a letter of authorization signed by the applicant.**

X _____/_____/_____

Signature of Representative Date

PRINT BELOW

.....

Representative's Name (Last Name, First)

.....

Firm Name

.....

Number and Street (Mailing Address)

.....

City State Zip Code

Telephone Number ( ) _____-_____

APPLICANT'S STANDING SECTION

If applicant is not assessed owner, what is the basis of applicant's standing?

_____Subsequent owner _____Mortgagee in possession

._____ Other: .....

OWNER'S/APPLICANT'S STATEMENT

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. **(If applicable)** I hereby authorize the representative whose signature appears on my application for abatement under the Authorization Section to act on my behalf relative to my abatement application(s).

X Date: _____/_____/_____

(Signature of Owner or Applicant)

Print Name:_____