



CITY OF CLEVELAND
Mayor Justin M. Bibb

FINANCE

RESIDENTIAL WASTE COLLECTION FEE EXEMPTION REQUEST FORM

(Due within 10 business days after receipt)

FORM INSTRUCTIONS: In blue or black ink, please legibly print and complete this form along with providing the necessary secondary documentation in order to be considered for this annual exemption. If you wish to file for an exemption, this form and secondary documentation must be completed and submitted **by November 30, 2026**

PLEASE RECORD THE EXEMPTION YEARS IN WHICH YOU ARE REQUESTING _____

PLEASE PRINT

APPLICANT NAME _____
PROPERTY ADDRESS _____
MAILING ADDRESS _____
CITY AND ZIP CODE _____
WATER ACCOUNT # _____
PHONE # _____
EMAIL ADDRESS _____

Date of Vacancy: _____

RESIDENTIAL PROPERTY
PERMANENT PARCEL NO.

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(FROM YOUR REAL ESTATE TAX BILL)

TYPE OF PROPERTY (CHECK ONE): ☐ SINGLE ☐ DOUBLE ☐ 3-FAMILY ☐ APARTMENT WITH # _____ SUITES

EXEMPTION REASONS

Please check one and note that secondary documentation is required to be submitted as proof. Please refer to page 2 of this form.

OWNER-OCCUPIED PROPERTY EXEMPTIONS

☐ **PERMANENT VACANCY** As the residential property owner, you reside in the dwelling structure at the address listed above and have unoccupied units.

State the number of unoccupied units: _____.

☐ **TEMPORARY VACANCY** As the residential property owner, you reside in the dwelling structure at the address listed above **but** neither you nor anyone else has occupied the structure for a period of sixty (60) or more consecutive days.

State the beginning and end date of non-occupancy:

FROM _____ / _____ / _____ TO _____ / _____ / _____
MO. DAY YR. MO. DAY YR.

☐ **PRIVATE HAULER** Dwelling structure at the address listed above is serviced by a licensed private hauler per City Ordinance 551.19.

☐ **PROPERTY OWNERSHIP** Not the owner of the dwelling structure at the address listed above due to:

☐ Foreclosure ☐ Bankruptcy ☐ Other _____

RENTAL PROPERTY EXEMPTIONS

☐ **UNIT VACANCY** The dwelling structure at the address listed above has unoccupied units that are not actively used as places of residence.

State the number of unoccupied units: _____.

☐ **STRUCTURE VACANCY** The dwelling structure at the address listed above is vacant and not actively used as a place of residence.

☐ Please select this box if unable to provide utility bills or statements, or forwarding mailing address (temporary vacancy only) with your application.

Please retain a copy for your records and return the original form and required secondary documentation to:

**Division of Assessments and Licenses
Cleveland City Hall**

**601 Lakeside Avenue, Room 122,
Cleveland, Ohio 44114**

or email documents to DALBilling@clevelandohio.gov

**For additional information,
please contact us at (216) 664-2272.**

TERMS AND CONDITIONS

- I understand that the completion and submission of this form and the required secondary documentation does not qualify me for an exemption.
- I understand that exemption approval is contingent upon the thorough review and validation conducted by the Division of Assessments and Licenses.
- I authorize the Division of Assessments and Licenses to examine and validate any and all records that relate to the property listed above, as well as the residency and occupancy status.
- I understand that in the event that an exempted residential property is provided waste collection services by the city, enforcement actions will be taken for fee collection commensurate with service provided by the City of Cleveland and exemption status will be forfeited.
- I declare under penalties of perjury that this return of claim - including any accompanying schedules and statement(s) - has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature of Residential Property Owner _____

Date _____

SECONDARY DOCUMENTATION REQUIREMENTS

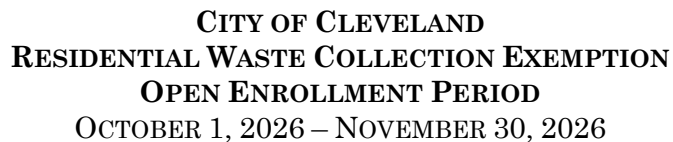
Proof of ownership must be provided for all exemption categories
Documents that would meet this requirement would be a copy of the monthly
mortgage statement, deed, or real estate tax bill.

AND

In addition to proof of ownership, the following documents listed below need to be submitted depending on the category.

EXEMPTION CATEGORY	REQUIRED DOCUMENTS
PERMANENT VACANCY UNIT VACANCY STRUCTURE VACANCY	A copy of the most current electric or gas utility invoice statement for both the occupied and unoccupied unit of the listed property address.
TEMPORARY VACANCY	Postmarked utility bill statement with forwarding address label of secondary residence. Postmark must be within the sixty (60) or more consecutive days noted above
PRIVATE HAULER	- A copy of a most recent invoice/statement within the last 30 days that clearly lists service address AND - A copy of a executed service level agreement or contract for the requested exemption period that clearly lists each property by property address
PROPERTY OWNERSHIP	- A copy of the discharge papers that includes the property OR - A copy of court-issued foreclosure papers that indicates vacant date

*** PLEASE NOTE: IF YOU WERE APPROVED FOR A PREVIOUS YEAR EXEMPTION, YOU DO NOT NEED TO SEND PROOF OF OWNERSHIP AGAIN THIS EXEMPTION YEAR, BUT ALL OTHER SUPPORTED DOCUMENTATION IS STILL REQUIRED.**



ADDENDUM FORM

1. **Parcel Number:** Record the Residential Property Parcel Number that is associated with each vacant unit/property.
2. **Type of Property:** Record if the property is a single, double, 3-Family, or apartment (with number of suites).
3. **Address:** Record each vacant unit/property address.
4. **Date of Vacancy and Number of Vacant Units:** Record the Date the unit/property became vacant and the number of vacant units available.
5. **Exemption Reason:** Record if the unit/property is **Owner-Occupied** (Permanent Vacancy, Temporary Vacancy with **beginning and end dates**, Private Hauler, or Property Ownership (foreclosure, or bankruptcy) or **Rental** (Unit Vacancy or Structure Vacancy).

PARCEL NUMBER	TYPE OF PROPERTY	PROPERTY ADDRESS	DATE OF VACANCY AND NUMBER OF VACANT UNITS	EXEMPTION REASON: OWNER-OCCUPIED OR RENTAL PROPERTY
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[illegible]