



**Instructions:**

- Fill out completely, attach required documentation, sign, date and return within forty-five (45) days of the bill date of your trash bill to the City Collector's Office, 36 Court Street, Room 112 Springfield, MA 01103. If your name is different from the property owner's name on the trash bill, you will have to provide proof of ownership. Until approved by the city, the filing of this form does not relieve you from payment of the trash fee, as billed. The payment of the trash fee is due thirty (30) days from the bill date, and may incur interest and charges if paid late. For more information, call **(413) 787-6000** or visit [www.SpringfieldCityHall.com](http://www.SpringfieldCityHall.com).
- If the **owner's name** or **mailing address** on the trash fee bill is **incorrect**, please contact **Assessor's Office** in writing at 36 Court Street, Springfield, MA 01103. The city mails trash bills based on the owner of record information maintained by the Assessors, and any changes to such information affect other municipal tax and charge billings. You may be required to provide adequate supporting documentation to request such change. Assessors can be reached by telephone, directly at (413) 787-6160.

Parcel ID: ▶		Number of Bins on Bill: ▶	
Trash Bill Number: ▶		Trash Bill Date: ▶	
Name of Owner(s) on Bill: ▶			
Service Location on Bill: ▶			
Mailing Address on Bill : ▶			
Daytime Phone Number: ▶		Alternate Phone Number: ▶	

▼ Check off all applicable reasons for dispute below.	Provide the required documentation listed below. ▼
1 <input type="checkbox"/> The number of containers on my bill is incorrect. The bill indicates _____ containers, but I have _____ containers.	For stolen bins, attach a police report. For incorrect number of bins, provide the serial numbers of existing bins below. ▼
2 <input type="checkbox"/> The payment in the amount of \$_____ that I made on _____ is not listed.	Attach proof of your payment, if available. The acceptable proof of payment includes a copy of the front and reverse of the cancelled check or a City-issued payment receipt showing the payment.
3 <input type="checkbox"/> The service location on my trash bill is incorrect. It should be _____.	Attach a current proof of ownership, such as a copy of the deed or utility bills, indicating the correct service location.
4 <input type="checkbox"/> I do not have city trash service because: (i) I haul my own trash; (ii) have hired a private hauler to haul my trash; or (iii) my property / dwelling / unit / lot has been vacant.	The city no longer requires proof of private hauler contract, self-disposal or vacancy. If you make independent arrangements to dispose of your trash, you must comply with all applicable laws.
<i>The approved discounts for applications received after the filing deadline will show on the following quarterly bill. No retroactive adjustments will be made.</i>	
5 <input type="checkbox"/> I did not receive a discount on my bill, but I submitted a complete application for discount on _____.	Attach a copy of your application, if available. Applications for discount are due at least 30 days before the quarterly bill date.

The property owner is signing this form under the penalties of perjury as to the truthfulness of the information contained herein or attached hereto. Intentional misrepresentation of facts on this form may result in cancellation of your exemption or discount and reinstatement of balances originally due, along with any late payment interest and charges. Incomplete forms will not be processed. The City Collector reserves the right to confirm the visible count of billable bins assigned to the property in the field before any adjustments are authorized.

Owner's Signature: ▶		Date Signed: ▶	
----------------------	--	----------------	--

**CITY OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

<input type="checkbox"/> Information verified.	Date verified: ▶		Initials: ▶		Referred for further action to: ▼
<input type="checkbox"/> Bin count field-confirmed.	Date confirmed: ▶		Initials: ▶		
<input type="checkbox"/> Billing adjusted.	Date adjusted: ▶		Initials: ▶		
<input type="checkbox"/> No action required.	Reason: ▶				