

**APPEALS FORM**  
**OTSEGO COUNTY ANNUAL SOLID WASTE USER FEE**  
**FOR THE YEAR 2017 FINAL ASSESMENT ROLL FOR 2018**  
**BILLING**

This form must be received by the Otsego County Solid Waste Department, 197 Main Street, Cooperstown, NY 13326, on or before **MAY 31**. Complete both sides and attach additional information as necessary to support the complaint.

**PART ONE: GENERAL INFORMATION**

1. Name and phone number of owner(S)

2. Mailing Address of owner

Email Address: \_\_\_\_\_

3. Name, address and phone number of representative of owner, if representative is filing application. (Complete Part Two on page 2)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

4. Property location

5. Parcel ID number

6. Use of property

Residence \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Farm \_\_\_\_\_ Church \_\_\_\_\_

School \_\_\_\_\_ Vacant Land \_\_\_\_\_ Other (describe) \_\_\_\_\_

7. Grounds for your complaint (attach additional sheet for explanation if needed):

Current Information / Correct Information

Parcel improperly classified \_\_\_\_\_ / \_\_\_\_\_

Incorrect number of living units \_\_\_\_\_ / \_\_\_\_\_

Tonnage improperly calculated\* \_\_\_\_\_ / \_\_\_\_\_

\*(Please provide information supporting your tonnage numbers)

Other (Provide explanation)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PART TWO: DESIGNATION OF REPRESENTATIVE TO MAKE COMPLAINT (optional)**

I, \_\_\_\_\_, as owner or officer thereof hereby designate

\_\_\_\_\_ to act as my representative in any and all proceedings before the Solid Waste Coordinator and the Otsego County Solid Waste User Fee Board of Appeals for purposes of reviewing the fee billed to my real property as it appears on the Annual Solid Waste Fee Roll.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or officer thereof

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**PART THREE: CERTIFICATION** (The owner or officer thereof is required to sign this certification, even if a representative has been designated.)

I certify that all statements on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement or material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or officer thereof

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of representative