FOREST CITY BOROUGH

P.O. Box 85 – 535 Main Street Forest City, PA 18421 Phone (570)785-7667 – Fax (570)785-9595

GARBAGE COLLECTION CHALLENGE & DETERMINATION

(Please print legibly and/or check the reason(s) below – add additional pages if needed).

I/We	wish to appeal the Borough's			
determination of the number of EDU's for Garbage Collection Fees pertaining to my/our property located at:				
Tax Map #				
I/We believe the correct number of E basis of this appeal is as follows:	DU's for this property should be The			
REASON : (An inspection of the premis	es may be required)			
☐ – Property is uninhabitable.				
□ – Vacant Lot – no Dwelling Unit on p	remises.			
☐ – Multi-family dwelling converted to a	a single-family residence or a reduction in habitable			
units. Date of conversion:				
☐ – Structure has four (4) or more Dwell	ling Units.			
Copies of documentation (if applicable)	attached to support this appeal:			
(Property Owner – print)	(Owner's address if different from above)			
(Owner's Signature)	(Owner's phone #)			
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Opting out of Borough provided Garbage Collection is only permitted if the structure or Dwelling Unit* is uninhabitable as defined by the IPMC in section 108.1.3: Structure unfit for human occupancy. A structure is unfit for human occupancy whenever the code official finds that such structure is unsafe, unlawful or, because of the degree to which the structure is in disrepair or lacks maintenance, is insanitary, vermin or rat infested, contains filth and contamination, or lacks ventilation, illumination, sanitary or heating facilities or other essential equipment required by this code, or because the location of the structure constitutes a hazard to the occupants of the structure or to the public. The Borough will seek to evict those individuals occupying any premise that is in violation of the IMPC or other appropriate Code(s). The owner of this property will immediately notify the Borough if this property is restored to a livable condition and deemed habitable.

*dwelling unit – a single unit providing complete independent living facilities, including permanent provisions for living, sleeping, eating, cooking & sanitation.

For Official Use:			
Property Owner:			3
Property Address:			s.
Tax Map #			
□ – APPROVED	□ – DENIED		
Reason for Denial (if applicable):			
(Council Signature)		Date	
(Council Signature)		Date	
(Council Signature)		Date	