



**Request for Abatement of Garbage and Refuse Collections  
Charges Pursuant to Section 6 of Ordinance 1220, as amended**

Request for Dwelling Unit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Home

Work

Other

Reason: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

=====

TO BE FILLED OUT BY THE CITY

Fee Paid:    ( ) Yes      Date: \_\_\_\_\_; Method of Payment: \_\_\_\_\_

( ) No

=====

I/We, the owner(s) and undersigned, agree to the following terms and conditions for an abatement for the above-described dwelling unit:

(a) If I/We, directly or indirectly, violate one or more of the following provisions, sub-paragraphs 1-3 below, the abatement will be null and void instantly and all charges, fees, penalties, and interests for garbage and refuse collection and non-payment of same shall immediately be assessed and become due and payable for said dwelling unit:

1. I/We will allow, during any granted abatement period, inspection by the City of said dwelling unit upon 24 hour notice or such other time mutually agreed to, but not exceeding 72 hours from the time of said notice, to confirm that said dwelling unit is still vacant or inhabitable; and
2. I/We will provide copies of the monthly utility bills, if any, during said abatement period to the City Building Inspector within 10 days of the date of each said bill; and
3. I/Will keep said dwelling unit vacant during the abatement period and immediately notify the City of any occupancy thereof; or

(b) That said abatement shall terminate twelve months from the effective date of said abatement, whichever occurs first.

I/We understand that an abatement is only effective when said dwelling unit is vacant or inhabitable for an entire calendar month and, where a portion of the calendar month is not covered by the abatement, the garbage and refuse collection fee for that calendar month shall be paid in full.

Owner(s) of Dwelling Unit : \_\_\_\_\_  
\_\_\_\_\_

Witnessed: \_\_\_\_\_ Title: \_\_\_\_\_

**Please complete form and submit to City Hall with Fee of \$5 (cash or check).**  
615 Madison Avenue Madison, IL 62060 | (618) 876-6268