SYLVANIA OHIO | DIVISION OF TAXATION

6730 MONROE STREET SYLVANIA, OHIO 43560

419.885.8940 FAX 419.885.3442

THIS IS NOT A BILL

Dear Resident,

The City of Sylvania has a fee for refuse collection. The fee for 2024 is $180.60 **per household**. An exemption of this fee may be possible if **any of the members of the household** have paid tax to Sylvania. We must have a signature on file for all members **who wish to be considered in qualifying the household** for the exemption. **You do not need to be the homeowner to qualify the address for the exemption.** Your signature allows the tax department to inform the utility billing department if you qualify for an exemption. **This is not a bill.**

Exemptions are determined in December prior to the coming billing year and are based on the most recent tax year filed (for example, 2024's exemption is determined by the tax year 2022). In order to qualify for a full exemption, the total Sylvania tax paid in 2022 by any members of your household must total $180.60 or more. If the total tax paid is less than $180.60, a partial exemption will be granted. The difference between the tax paid and the yearly refuse fee will be divided into 12 months and the household will be billed the difference (the refuse fee appears on the water bill).

Our records indicate that the taxes you paid may help your household qualify for a full or partial refuse fee exemption. As a member of the household, you **must** sign and return this notice as soon as possible, **if you wish to be considered in qualifying the household for the exemption.** Remember to include your social security number.

If you have any questions, please contact the tax office at 419-885-8940. The tax office is open Monday through Friday, 8:00 am - 4:30 pm.

THE UNDERSIGNED AUTHORIZE THE DIVISION OF TAXATION TO VERIFY THE TRUTH AND ACCURACY OF THE ABOVE REPRESENTATIONS FROM INFORMATION NOW ON FILE WITH THE DIVISION OF TAXATION AND TO CERTIFY THE RESULTS TO THE UTILITY BILLING OFFICE.

_____	_____
Signature Date	Signature Date
_____	_____
Social Security Number	Social Security Number

Additional information, such as address changes and the effective date of the address change:

_____

_____

Contact information Email:_____ Phone:_____