

Clerk \_\_\_\_\_

Aff # \_\_\_\_\_



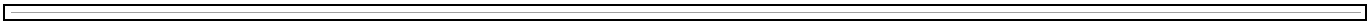
CANTON CITY UTILITIES  
 306 2<sup>ND</sup> ST SE  
 CANTON, OHIO 44702  
 330-649-8100

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**SANITATION DEPARTMENT AFFIDAVIT  
 MULTIPLE UNIT PROPERTY**

ZONE \_\_\_\_\_ Owner's Address \_\_\_\_\_

Bill Date \_\_\_\_\_



I, \_\_\_\_\_, hereby certify that I am the owner of the property located at \_\_\_\_\_ and that \_\_\_\_\_

of these units received no sanitation collection service during the monthly billing period immediately preceding the filing of this affidavit for the reason that the unit(s) has been vacant since \_\_\_\_\_

As a result, I hereby request that Canton City Utilities, make an adjustment on Account No. \_\_\_\_\_

in the amount of \$ \_\_\_\_\_. In making the above claim, I acknowledge that the property was vacant during the entire billing period.

**I understand that this is a sworn statement and that knowingly making a false statement of material fact in connection with this application for a credit adjustment, constitutes a crime that is punishable under Canton Codified Ordinances.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn to before me in in my presence on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

- Affidavit must either be notarized or returned with a clear copy of photo identification
- Any future adjustment requests will require an affidavit for each billing period
- Original signature required. Typed signature will not be accepted