

Clerk _____

Aff # _____



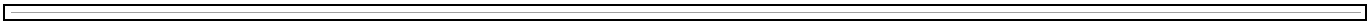
CANTON CITY UTILITIES
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 CANTON, OHIO 44702
 330-649-8100

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**SANITATION DEPARTMENT AFFIDAVIT
 SINGLE UNIT PROPERTY**

ZONE _____ Owner's Address _____

Bill Date _____



I, _____, hereby certify that I am the owner of the property located at _____ and that this unit/dwelling received no sanitation collection service during the monthly billing period immediately preceding the filing of this affidavit for the reason that the unit/dwelling has been vacant since _____

As a result, I hereby request that the appropriate department of the City of Canton, 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
- Requires original signature. Typed signatures not accepted