

Clerk _____

Aff. No. _____

**CANTON CITY UTILITIES
626 - 30th STREET NW
CANTON, OHIO 44709**

**SANITATION DEPARTMENT AFFIDAVIT
(Multiple Unit Dwelling)**

Old Acct No. _____ Delivery Address: _____

For Billing Date: _____

I, _____, hereby certify that I am the owner of the property located at _____ and that _____ of these units received no trash collection service during the bi-monthly billing period immediately preceding the filing of this affidavit for the reason(s) that

As a result, I hereby request that the appropriate department of the City of Canton make an adjustment on Acct. No. _____ in the amount of _____

I have (have not) already made payment on the above charge.

In making the above claim, I acknowledge that the unit(s) noted above was/were vacant during the stated bi-monthly billing period and that any future adjustment will require the filing of another affidavit.

I understand that knowingly making a false statement of material fact in connection with this application for adjustment, constitutes a crime punishable under City Ordinance.

Date

Signature

Sworn to before me and in my presence on the _____ Day of _____ 20_____.

Notary Public