



CANTON CITY UTILITIES
 306 2ND ST SE
 CANTON OH 44702

P. 330 649-8100
 cantonutilities@cantonohio.gov
 cantonutilities.com

AFFIDAVIT OF OWNER

I, _____, being duly sworn according to law, do hereby state and aver that:

1. I am the deed owner of the property located at _____
 _____,

2. I hereby authorize _____
 (Agent's Name)

whose address is _____ to
 serve as my authorized agent for purposes of billing for Canton City Utilities.

3. I hereby authorize the above named agent to pay said billing on my behalf in a prompt and timely manner according to the division of Water Rules and Regulations, which I may obtain on request.

4. I hereby acknowledge and agree that in the event said bills are unpaid or, for any other reason, the City deems said bills insufficient, that I am still, as owner, ultimately responsible for payment of any billing and will cooperate with the Division of Water in that regard.

Further Affiant sayeth naught.

 Affiant Signature

 Billing Address

 Printed Name

 City, State, Zip

 Date

 Owner's Phone Number

Before me, a Notary Public in and for said County and State,

 appeared to me personally, known or properly verified, who did in my person, after being duly sworn and cautioned according to law, subscribe this Affidavit on this _____ day of _____, 20____.

 Notary Public

My Commission Expires: