

Clerk _____

Aff # _____



CANTON CITY UTILITIES
306 2ND ST SE
CANTON, OHIO 44702
330-649-8100

cantonutilities@cantonohio.gov
www.cantonutilities.com

**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 current photo identification
- Any future adjustment requests will require an affidavit for each billing period
- Original signature required. Typed signature will not be accepted