



SEWER SERVICE AFFIDAVIT

Account Number: _____

Service Address: _____

I, _____, being first duly sworn, make under oath the following statements regarding my sewer service provided by the City of Akron at the above mentioned address and request an exemption:

(1) No sewer service was used at this property during these times:

Start date: _____

End date: _____

(2) The reason that no sewer was used is: _____

I have read the foregoing statements and know the content thereof, and understand that the affidavit shall be operative for only as long as the facts and conditions stated therein remain true. If any of the facts and conditions stated herein change to the extent that there does no longer exist a right to be exempted, the undersigned shall notify the City and the affidavit shall no longer be operative. I understand that knowingly making a false statement of material fact in the affidavit constitutes a crime punishable under City Ordinances.

Owner's Name (please print) _____

Owner's Signature _____

Owner's Address _____

Owner's Phone Number _____

Sworn to and subscribed to in my presence this _____ day of _____,

20_____.

Notary Public _____

***** THIS FORM MUST BE NOTARIZED TO BE VALID *****

Mail completed form to: City of Akron
Utilities Business Office
146 South High Street, Room 211
Akron, Ohio 44308-1894