

UTILITIES BUSINESS OFFICE

SEWER SERVICE AFFIDAVIT

ACC	OUNT	NUMBER
SER	VICE A	ADDRESS
I, regar	ding my	, being first duly sworn, make under oath the following statements 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 dates: Start date:
		End date:
		NOTE: We will only credit a maximum of two (2) months of previously billed sewer service
	(2)	The reason no sewer service was used is:
stated the C mate **NOT still v sewe	d herein city and rial fact i E: Sewe vacant, y er service	only as long as the facts and conditions stated therein remain true. If any of the facts and conditions change to the extent that there does no longer exist a right to be exempted, the undersigned shall notify the affidavit shall no longer be operative. I understand that knowingly making a false statement of a the affidavit constitutes a crime punishable under City Ordinances. For service will be inactivated in six (6) month increments. If after six (6) months the property is you must notify the Business Office to extend the affidavit an additional six (6) months or e will automatically resume billing.** The refund of any credit on the above account after this affidavit has been processed. The mailed to the owner's address noted below provided there are no outstanding balances on any other accounts of oder.
REQUIRED	PRINT	R SIGNATURE NAME OR TITLE R ADDRESS E NUMBER
		* * * THIS FORM MUST BE NOTARIZED TO BE VALID * * *
Sworn	to and su	ubscribed to in my presence thisday of,20
Notary	Public _	

Submit **fully completed** form via:

Scan and e-mail to UBO@AkronOhio.gov or

Fax to (330) 375-2308 or

Mail to: City of Akron Utilities Business Office 1180 S Main St, Suite 110 Akron, OH 44301-1253