

UTILITIES BUSINESS OFFICE

CURB SERVICE AFFIDAVIT

ACC	OUNT	NUMBER
SER	VICE A	ADDRESS
		, as Property owner, being first duly sworn, make under oath the ements regarding my curb service trash pick-up at the above mentioned address and request an provided for in the City of Akron Code of Ordinances(Ord. 443-1996; Ord. 1003-1978; §52.17):
	(1)	No trash collection was made by the City of Akron during these dates:: Start date: End date: NOTE: We will only credit a maximum of two (2) months of previously billed curb service
	(2)	Reason no trash collection was made
opera stated notify of ma **NOTE you n	tive for of the herein the City terial factorial factori	the foregoing statements and know the content thereof, and understand that the affidavit shall be 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 and the affidavit shall no longer be operative. I understand that knowingly making a false statement at in the affidavit constitutes a crime punishable under City Ordinances. Therefore will be inactivated in six (6) month increments. If after six (6) months the property is still vacant, for the Utilities Business Office to extend the affidavit an additional six (6) months, or curb service will resume billing.**
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Rei	•	refund of any credit on the above account after this affidavit has been processed. be mailed to the owner's address noted below provided there are no outstanding balances on any other accounts of der.
REQUIRED	PRINT OWNE	R SIGNATURE NAME OR TITLE R ADDRESS E NUMBER
		* * * THIS FORM MUST BE NOTARIZED TO BE VALID * * *
Sworn t	o and su	bscribed to in my presence thisday of, 20
Notary	Public	
		Submit fully completed form via:

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

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

Fax to (330) 375-2308 or