

## **UTILITIES BUSINESS OFFICE**

## **SEWER SERVICE AFFIDAVIT**

| SER             | VICE A  | ADDRESS  |
|-----------------|---|--|
|                 |   | , being first duly sworn, make under oath the following statement sewer service provided by the City of Akron at the above mentioned address and request a   |
|                 | (1)   | No sewer service was used at this property during these dates:   |
|                 |   | Start date:  |
|                 |   | End date:  |
|                 | (2)   | The reason no sewer service was used is:   |
|                 |   | t in the affidavit constitutes a crime punishable under City Ordinances.   |
| still v<br>sewe | acant, y<br>r servic  | er 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.**   |
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Submit **fully completed** form via:

Scan and e-mail to <a href="mailto:UBO@AkronOhio.gov">UBO@AkronOhio.gov</a> 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