



UTILITY BILL RELIEF AFFIDAVIT

Account Number: _____ Date of High Bill: _____

Service Address: _____

Account Holder's Name (please print): _____

Account Holder's Address: _____

Account Holder's Phone Number: _____

Please check the box below indicating the event which caused the high bill, and check the corresponding box or boxes below the listed event indicating the relief being sought:

- Burst Water Pipe.** One-time reduction per account holder (individual or business entity).
 - Sewer portion:* A 100% reduction of the excess sewer charges incurred with respect to the monthly bill/invoice at issue.
 - Water portion:* A payment plan of up to four years, interest free financing in order to repay the excess water charges.

- Toilet Leak.** One reduction every 36 months, per account holder (individual or business entity).
 - Sewer portion:* A 100% reduction of the excess sewer charges incurred with respect to the monthly bill/invoice at issue.
 - Water portion:* A payment plan of up to four years, interest free financing in order to repay the excess water charges.

- Unknown Underground Leak.** No limitation, provided the account holder is eligible.
 - Both portions:* A 100% reduction of the excess sewer and water charges incurred between the date the leak occurred and the date on which the Utilities Business Office/APUB notified the owner/occupant of the leak.

* For an Unknown Underground Leak, the account holder must submit copies of receipts demonstrating that the leak has been repaired along with this Affidavit.

I, _____, solemnly swear or affirm that the statements and representations in this affidavit are true to the best of my knowledge and belief.

Account Holder's Signature _____

Sworn to and subscribed to in my presence this _____ day of _____, 20_____.

Notary Public _____

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

Note: No non-individual account holder (business, etc.) shall be eligible for any of the relief in this policy if the property at issue has multiple Housing Code violations or delinquent City of Akron utility account balances at the time of the request, or if the Director of Public Service determines it would constitute an abuse of the policy.

After the form is completed and notarized, fax it to (330) 375-2308 or scan and e-mail it to ubo@akronohio.gov or mail it to: City of Akron, Utilities Business Office, 146 South High Street, Room 211, Akron, Ohio 44308-1894.