



# 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 no sewer service 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 \_\_\_\_\_

I request a refund of any credit on the above account after this affidavit has been processed.

Refunds will be mailed to the owner's address noted above.

Sworn to and subscribed to in my presence this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_.

Notary Public \_\_\_\_\_

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

Fax completed form to (330) 375-2308 or mail to:

City of Akron  
Utilities Business Office  
146 South High Street, Room 211  
Akron, Ohio 44308-1894