BOARD OF SUPERVISORS
SOUTH ABINGTON TOWNSHIP
104 SHADY LANE ROAD * PO BOX 259 * CHINCHILLA, PA. 18410

PHONE 570-586-2111
PHONE 570-586-5448

GILES STANTON
JOSEPH SPROUL
MARK DOUGHERTY

Date:_____

Dear _____

Please review, fill in dates on page one if necessary, sign page two in front of a notary, have notarized and return to our office.

Any questions, please call me at 586-2111, ext 1, Monday thru Friday, 8:00 am to 4:00 pm.

Thanks, Susan

AFFIDAVIT FOR REFUND BECAUSE OF VACANCY

This form is necessary for determining eligibility for exoneration of MSW/Recycling Fees due to vacancy of the residential unit. Your statements on this form will be used to determine eligibility. All information supplied on this form or in conjunction therewith will be public information.

The affiant has no vested rights or privileges under this form or related program or any adjustment in fee related thereto. All adjustments, if any, are within the discretion of the Township and its designated contractor and may be increased or decreased, withdrawn, modified, amended, terminated or reinstated at any time without notice.

Address of residential unit: _____

_____

Period of continuous vacancy:

Beginning: _____ _____ _____
Month Day Year

Ending: _____ _____ _____
Month Day Year

The undersigned certifies that the above described residential unit was totally unoccupied for the above period and generated no municipal solid waste as defined in South Abington Ordinance No. 113 of 1990. Based upon the aforesaid, the undersigned requests exoneration for charges for any applicable calendar quarters as defined in Ordinance 113. Exonerations will only be granted where the unit is both unoccupied and generated no Municipal Solid Waste for an entire quarter. No prorations will be allowed for periods less than the entire quarter.

The undersigned also represents that he/she has authority to make this Affidavit and will supply any and all additional documents as requested from time to time by the

Township or its agents to substantiate the information herein contained. Further, this form shall serve as authorization to all persons whether public or private to release information as may be requested by the Township, its agents or designated contractor for verification of matters related thereto. Any false statements made hereunder may subject the undersigned to penalties including but not limited to 18 Pa.C.S.A. Section 4903 and 4904 as may be amended and the Ordinances of the Township now or hereinafter in effect. Nothing herein contained shall prohibit either the Township or its designated contractor from seeking additional civil remedies in addition to the above penalties.

_____
Print name here

_____
Signature

SWORN AND SUBSCRIBED TO
before me this ____ day
of _____, 20___.

_____
NOTARY PUBLIC