



CITY OF CLAREMONT

AFFIDAVIT FOR ADJUSTMENT OF REFUSE FEES

Please print the following legibly, thank you:

Owner's Name: _____

Current Mailing Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

I hereby certify that I am the owner of the house located in Claremont at:

_____, and that
it has been or will be vacant for the months of _____.

I understand that this vacancy must exist for at least 2 months in order for an adjustment to apply. The regular fee shall be billed for the first month's vacancy, and the waiver or adjustment shall apply only to the vacancy **in excess of 1 month** on the dwelling unit. Any adjustment will be on refuse fees **only**. Sewer and street sweeping fees are not eligible for adjustment. This affidavit shall be filed no later than the first 15 days of vacancy (ref. City Council Resolution No. 3469). On Vacancy Affidavits filed after that time, the first 30 days will begin 15 days prior to the date the affidavit is received.

Reason for Vacancy: _____

Signature of Owner

Date

PLEASE MAIL COMPLETED AFFIDAVIT TO:

ATTN: FINANCE DEPT.
CITY OF CLAREMONT
P O BOX 880
CLAREMONT, CA 91711