

**VACANCY NOTIFICATION AFFIDAVIT/AGREEMENT**

**MILLERSVILLE SOLID WASTE DEPARTMENT**

Name of Owner/Occupant: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Daytime Telephone Number : \_\_\_\_\_

Email Address: \_\_\_\_\_

The property described above is, or will be, vacant as of \_\_\_\_\_.

As the owner or authorized representative of the property owner, I am requesting that the trash pickup be discontinued and fee be waived until the property is re-occupied or until \_\_\_\_\_.

I agree to provide the City of Millersville with written advanced notice when the property will be re-occupied. I understand that the trash pickup service must be active at all times that the property is occupied. Failure to notify the City before the property is occupied will invalidate approval of this request and all fee waived due to the vacancy will be due and payable.

I understand that the property must be vacant for more than four (4) weeks to be eligible for vacancy status. The billing department determines the dates and length of a billing cycle.

The undersigned hereby affirms that the information stated above is correct and acknowledges the conditions and terms of this affidavit/agreement.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Official City Use Only

Approved \_\_\_\_ Yes \_\_\_\_ No (explain below) By: \_\_\_\_\_ Date: \_\_\_\_\_

Contacted Stinky Pinky on: \_\_\_\_\_ by: Phone or Email (please circle)

Special Instructions: \_\_\_\_\_