BOROUGH OF DUNMORE

400 South Blakely Street
Dunmore, PA 18512
570-343-7611 / FAX 570-343-8107

Refuse Fee Affidavit

_____ do hereby solemnly affirm and state as follows:

(Owner/Manager Name)

1. I am the owner/manager of the apartment building located at _____ Dunmore, PA _____.
   (property address) (zip code)
2. I confirm that said this property is vacant and not occupied and can produce utility bills to validate.
3. I acknowledge if I validate it is vacant, trash collection will not be performed at said address above.
4. I affirm under penalty of perjury that the foregoing is true and correct.
5. The Borough will confirm the properties vacancy.

Full Name_____

Phone _____ Email _____

Date _____

Signature _____