



**AFFIDAVIT RELATIVE TO RESIDENTIAL SOLID WASTE FEE EXEMPTION**

I, \_\_\_\_\_ of \_\_\_\_\_  
Print name of owner/manager Mailing address if different than property address

Being duly sworn, depose and say as follows: I (circle one) own or manage the property located at \_\_\_\_\_, Salem, MA 01970 (hereinafter the "Premises") containing \_\_\_\_\_

Property address location  
total # of \_\_\_\_\_ unit(s) you own.

The information set forth herein is true, to the best of my knowledge, information and belief.

Signed and sealed under the pains and penalties of perjury on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Day Month Year

Owner/Manager's Signature

Daytime Phone Number

**I HEREBY STATE THAT THE PREMISES IS ELIGIBLE FOR THE EXEMPTION CHECKED (✓) below:**

**1) OWNER-OCCUPIED EXEMPTION**

I reside, as an owner-occupant, at Premises and as a result the Premises is exempt from the solid waste collection fee. My interest in the Premises is established by: \_\_\_\_\_

(deed, trust, etc)

*If you satisfy this exemption please provide a copy of your driver's license and current phone or cable bill to City Hall Annex, 120 Washington Street, Fourth Floor, Salem, MA.*

**2) PRIVATE SOLID WASTE COLLECTION SERVICE/SELF DISPOSAL**

The Premises is serviced by a private solid waste collection company or I properly self dispose of the solid waste. I understand and acknowledge that I must notify the City in writing within five (5) business days if this Self Disposal or the Private Contract is terminated. *If you satisfy this exemption please provide a copy of your Private Solid Waste pick-up or Self Disposal invoice and indicate if it is temporary or permanent below.*

Temporary \_\_\_\_\_  
SERVICE PROVIDER NAME

Permanent \_\_\_\_\_  
SERVICE PROVIDER NAME

DATE OF CONTRACT/PERIOD

DATE OF CONTRACT/PERIOD

**3) UNIT VACANCY**

Unit # \_\_\_\_\_ of the Premises is vacant or will be vacant as of \_\_\_\_\_.

Specify unit(s)

Current date

Please specify up to 3 months at a time ONLY, if known: (NOTE: A new affidavit is required for every 3 month period.)

- January 2016
- February 2016
- March 2016
- April 2016
- May 2016
- June 2016
- July 2016
- August 2016
- September 2016
- October 2016
- November 2016
- December 2016

Therefore, I am requesting a waiver of the monthly trash fee for Unit # \_\_\_\_\_.

I understand and acknowledge that the City of Salem will not issue a waiver of trash fees for any month that precedes the date this affidavit is submitted to the City. Further, I acknowledge and understand that the City has the right to issue a fine equal to twice the amount of the single unit fee for any false representations made by any individual concerning the vacancy status of a residential unit and that a new affidavit must be completed for each month the unit is vacant.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

ADDRESS: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

REASON FOR ABATEMENT: \_\_\_\_\_ PARCEL ID: \_\_\_\_\_

ORIGINAL TRASH BILL \$ \_\_\_\_\_ BILL NUMBER: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

AMOUNT ABATED \$ \_\_\_\_\_ BILL NUMBER: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_ BILL NUMBER: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_