



Water Account # _____

CITY OF LINCOLN CITY

AFFIDAVIT IN SUPPORT OF REQUEST FOR REDUCTION OR ELIMINATION OF GARBAGE SERVICE

I, _____ being the owner of said property:

1. Name _____
2. Service address _____
3. Number of occupants in household _____ Current level of service _____
4. Mailing address _____

5. Home phone number _____ Cell phone number _____
6. Level of service requested (please check one) REDUCTION ELIMINATION
7. Level of Reduction requested _____ per week
8. Reason for Reduction or Elimination (Municipal Code 8.16.230)

****Elimination allowed only for one of the following reasons:**

- A. House is vacant and there is not water consumption.
- B. By subscribing to commercial grade service at another location within the City of Lincoln City.
- C. Household waste is transported at least on a weekly basis to an identified appropriate site.
 - Name of appropriate site: _____

Customer Name (print) _____ Signature _____

Note:

A person making a false statement in a sworn affidavit, which affidavit is submitted to the city pursuant to the requirements of Ordinance No. 89-13, commits the offense of filing a false sworn affidavit. Filing a false sworn affidavit is a Class A Misdemeanor. A Class A Misdemeanor is punishable by a fine not to exceed \$2,500 or imprisonment not to exceed 365 days, or both.

Return Affidavit to: Finance_AR@lincolncity.org
Finance Department * PO Box 50 * Lincoln City * OR * 97367

Approved _____ Rejected _____ Name _____ Date _____