CAPITAL REGION WATER

# AFFIDAVIT OF VACANCY

I, _____ do hereby verify that to the best of my knowledge, information and belief, the property located at _____ _____, property number _____, has been vacant from _____ to _____. Number and type of units vacant during speciified periods of time _____ (commercial) _____ (residential).

As of _____, the meter reading at this property was: _____.

I anticipate that this property will remain vacant longer than one billing month and request that a Vacancy code be added to prevent usage from being billed. I understand that water service will be terminated based on this request and that a fee of $25.00 will be charged to honor this request. I also understand that there will be a fee of $25.00 to have the service restored. I further understand that any damage to the service line or property as a result of this termination is the sole responsibility of the property owner.

I understand that false statements made herein are subject to the penalties of 18 PA, C.S. 4904 relating to unsworn falsification to authorities.

_____ _____
Witness Date

_____
Print Name

Paid By:
Check No.
Cash $

_____ _____
Signature Date

_____
New Address

_____
Telephone Number

_____
Print Name