



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

Signature Date

Print Name

New Address

Paid By:
Check No. _____
Cash \$ _____

New Address

Telephone Number

Print Name