



AFFIDAVIT RELATIVE TO RESIDENTIAL SOLID WASTE FEE EXEMPTION

I, _____ of _____
being duly sworn, depose and say as follows:

I (circle one) own or manage the property located at _____
Salem, MA (hereinafter the "Premises") containing # _____ unit(s). I hereby state that the Premises
is eligible for the exemption checked below:

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 bring a copy of your driver's license and current phone or cable
bill to City Hall Annex, 120 Washington Street, Fourth Floor, Salem, MA.***

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 business
days if this self disposal or the private contract is terminated.

Unit Vacancy

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

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 this date of _____.

Owner/Manager Signature

Daytime Phone Number

For office use only

Address: _____

Account Number: _____

Reason for Abatement: _____

Original Trash Bill\$ _____

Bill Number: _____

Amount Abated\$ _____

Amount Due\$ _____

