

**VACANT
CREDIT AFFIDAVIT**

1.) **BILLING INFORMATION**

Owner's Name: _____

Account No.: _____

Billing Address: _____

Service Address: _____

Telephone No.: _____

2.) The above indicated service address, which was billed by the LLVSA, has been vacant for the period of: (Circle months that you are requesting credit)

Year _____

January, February, March,

April, May, June,

July, August, September,

October, November, December

3.) THE RULES AND REGULATIONS OF THE LOWER LACKAWANNA VALLEY SANITARY AUTHORITY REGARDING CREDIT OF SEWER CHARGES FOR VACANCIES SHALL BE AS FOLLOWS:

a) The owner of the property must file a Vacant Credit Affidavit with the Authority attesting to the length of time the property has been vacant. Said vacancy shall be verified by any one of the following: the fact that the electric service to the premises has been terminated, or the water to the premises has been turned off by the Pennsylvania American Water Company.

b) Copies of the minimum electric bills covering the billing period for which the vacancy credit is sought must be attached to the Vacant Credit Affidavit.

"I/We make this verification and understand that false statements made herein are made subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities."

Signature

"THIS FORM MUST BE COMPLETED QUARTERLY"

- Business Office Use Only -

1.) Current Account Balance: _____

3.) Month Credit Approved: _____

2.) Amount of Credit: _____

4.) Office Initials: _____