

**NORTH UNION TOWNSHIP MUNICIPAL
SERVICES AUTHORITY
120 Commonwealth Dr. Suite 101
Lemont Furnace, PA 15456
Phone: 724-438-6330 Fax: 724-438-7126**

Full Name of Owner(s): _____

Address: _____

Account No. _____

AFFIDAVIT OF VACANCY

I, _____, do hereby certify that as of _____ 20____
(Property Owner)

The sanitary sewer system at property located at _____
will not be used due to a vacancy.

I understand that the Authority requires an Affidavit to be sent to the Authority office every three months in order for billing not to occur. If an affidavit is not received in the office within the specified time period, billing will resume until a new affidavit is received. No adjustments will be made and costs will be added.

Owner

Signature

Telephone Number

_____, 20____
Date

Please check the following:

_____ Property is vacant and water has been turned off by the Water Company

_____ Property is vacant but meter is shared with another service address:

Service address is _____