CITY OF CLAREMONT

AFFIDAVIT FOR ADJUSTMENT OF REFUSE FEES

Please print the following legibly, thank you:

Owner's Name: ________________________________________________

Current Mailing Address: _________________________________________

City, State, Zip: _________________________________________________

Daytime Phone Number: _________________________________

I hereby certify that I am the owner of the house located in Claremont at:

_____________________________________________________________, and that
it has been or will be vacant for the months of _____________________________.

I understand that this vacancy must exist for at least 2 months in order for an
adjustment to apply. The regular fee shall be billed for the first month’s vacancy, and
the waiver or adjustment shall apply only to the vacancy **in excess of 1 month** on the
dwelling unit. Any adjustment will be on refuse fees **only**. Sewer and street sweeping
fees are not eligible for adjustment. This affidavit shall be filed no later than the first 15
days of vacancy (ref. City Council Resolution No. 3469). On Vacancy Affidavits filed
after that time, the first 30 days will begin 15 days prior to the date the affidavit is
received.

Reason for Vacancy: _____________________________________________

_____________________________ ______________________________
Signature of Owner Date

PLEASE MAIL COMPLETED AFFIDAVIT TO:

ATTN: FINANCE DEPT.  
CITY OF CLAREMONT  
P O BOX 880  
CLAREMONT, CA 91711

Revised 5/14/15