

**SOUTH UNION TOWNSHIP SEWAGE  
154 TOWNSHIP DRIVE  
UNIONTOWN, PENNSYLVANIA 15401  
Phone: 724-438-8333  
Fax: 724-438-1725  
Email: m.maximo@southunionsewage.com**

**Owners Name:** \_\_\_\_\_ (must be name on deed)

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Sewer Account No.** \_\_\_\_\_ **Water Account No.** \_\_\_\_\_

**Email:** \_\_\_\_\_

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:

### **AFFIDAVIT OF VACANCY**

I, \_\_\_\_\_, do hereby certify that as of \_\_\_\_\_  
(PROPERTY OWNER)

\_\_\_\_\_ 2018 the sanitary sewer system will **NOT** be used at the vacant property located at

\_\_\_\_\_.

I understand that I am required to send an Affidavit to the South Union Sewage office annually in order for billing not to occur. Should an affidavit not be received in the office within the specified time period, billing will resume until a new affidavit is received. No adjustments will be made and penalties will be added.

\_\_\_\_\_  
**Owner(s)**

On this, the \_\_\_\_\_ day of \_\_\_\_\_ 2018, before me, the undersigned person \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the instrument and acknowledged that he executed the same for the purposes therein contained.

**IN WITNESS WHEREOF, I have hereunto set my hand and official seal.**

**Notary Public**  
**My Commission Expires:**

**Seal**