

OFFICE USE ONLY:

- ☐ License
- ☐ Bill: _____ Date of Bill: _____
- ☐ Other: _____
- ☐ Initials: _____



FY 2025

- ☐ Owner Occupied
- ☐ Unit Vacancy

AFFIDAVIT RELATIVE TO RESIDENTIAL SOLID WASTE FEE EXEMPTION

I, _____ of _____
Print name of owner/manager **Mailing address if different than property address**

Being duly sworn, depose and say as follows: I (circle one) own or manage the property located at

_____, Salem, MA 01970 (hereinafter the "Premises")
Property address location

containing total # of _____ unit(s) you own.

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 the _____ day of _____, 20____.
Day Month Year

Owner/Manager's Signature

Daytime Phone Number

I HEREBY STATE THAT THE PREMISES IS ELIGIBLE FOR THE EXEMPTION CHECKED (✓) below:

☐ **1) 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 provide a copy of your driver's license and current phone or cable bill to City Hall Annex, 98 Washington Street, Second Floor, Salem, MA 01970*****

☐ **2) UNIT VACANCY**

Unit # _____ of the Premises is vacant or will be vacant as of _____.
Specify unit #(s) **Current date**

Please specify up to **ONLY 3 months at a time, if known:** (NOTE: **A new affidavit is required for every 3 month period.**)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> July 2024 | <input type="checkbox"/> August 2024 | <input type="checkbox"/> September 2024 |
| <input type="checkbox"/> October 2024 | <input type="checkbox"/> November 2024 | <input type="checkbox"/> December 2024 |
| <input type="checkbox"/> January 2025 | <input type="checkbox"/> February 2025 | <input type="checkbox"/> March 2025 |
| <input type="checkbox"/> April 2025 | <input type="checkbox"/> May 2025 | <input type="checkbox"/> June 2025 |

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.

FOR OFFICE USE ONLY

ADDRESS/REASON _____ ACCOUNT NUMBER: _____

ORIGINAL TRASH BILL \$ _____ BILL NUMBER: _____ MONTH/YEAR: _____

AMOUNT ABATED \$ _____ BILL NUMBER: _____ MONTH/YEAR: _____

AMOUNT DUE \$ _____ BILL NUMBER: _____ MONTH/YEAR: _____