Vacancy Affidavit
City of Davis - Finance Department

A residence that is to be vacant for a minimum of 30 days or more is entitled to the $24.50 per month No Garbage Service rate. The notification must be given to the city prior to the vacancy and the following affidavit must be signed.

I, __________________________ (print name), declare that I am the owner or agent responsible for sanitation fees at: ___________________________.

[] Single Family Home    [] Duplex    [] Triplex    [] Four-plex    [] Other: ____________

I do not need garbage pick-up because:

[] Temporary Vacancy (known length of time) From __________ To __________.  
  (Credit issued upon return)

[] Other Vacancy (unknown return)

[] Vacation    [] Vacant Until Rented    [] Estate    [] Vacant Until Sold

This property will have ______ unit(s) that will be vacant and not occupied beginning ___________________________ and ending ___________________________.

Additional Comments: ________________________________________________________________

__________________________________________________________________________________

Yard waste (including grass clippings), recycling and organic bin pick up and street sweeping services will not be affected and will continue as normally scheduled.

No credit will be issued for any penalties that accrue on any unpaid balances. Should this dwelling be reoccupied before the above date I understand that I will receive credit for the total number of vacant days if the vacancy period is greater than 30 days. If the vacancy period is less than 30 days no credit will be issued. Garbage service will automatically restart at the end of this vacancy period. If vacancy extends beyond the dates listed above, please call (530) 757-5651 for an extension. Please note: the No Sanitation Service rate is subject to sanitation rates set every March.

The effective date for No Garbage Service will be no earlier than the date this form is received in the Finance Office. I understand that I need to call when service is restarted. If not, you will be responsible for back charges.

__________________________________  ____________________
Street Address of Owner/Agent    City, State, Zip

__________________________________  _____________
Signature of Owner/Agent    Date

For Office Use Only

Recology Davis: _____  Notes in Misc. Information: _____  Binder: _____  Calendar: _____

AS400 Updated: _____  Credit Issued: _____  Letter Sent: _____