



Finance Department  
 118 ARIZONA ST  
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**AFFIDAVIT OF VACANT PROPERTY**  
 (TRASH OR GARBAGE FEES)

Date \_\_\_\_\_ Owner's Name \_\_\_\_\_  
 Parcel Number \_\_\_\_\_ Owner's Address \_\_\_\_\_  
 Service Address \_\_\_\_\_ Owner's City & State \_\_\_\_\_  
 Owner's Phone Number \_\_\_\_\_

I, \_\_\_\_\_, state that my property listed above (the "Property")  is  has been  will be vacant or unoccupied  
 (Owner's Name)  
 from \_\_\_\_\_. This statement shall be true until approximately \_\_\_\_\_.  
 (month, day, year) (month, day, year)

I agree and/or represent each of the following:

- The Property will be eligible for the vacancy exemption for trash and garbage fees in the first month in which it is vacant or unoccupied for a full thirty (30) days, and will cease to be eligible in any month it is occupied for one or more days.
- I will continue to receive regular billings for trash and garbage fees. Upon receipt by the City of this completed affidavit, and after the property has been unoccupied for a full thirty (30) days, the billing rate on the Property will be changed to that of the unoccupied property rate as specified in Section 9.1.5. (2), Bisbee City Code.
- The unoccupied property rate billings shall continue until such time that the City is notified by the owner or otherwise learns of a change in vacancy status of the Property.
- In any month which I fail to make payment and/or notify the City of a continued vacancy, I will be subject to the full trash or garbage charges for that month.
- No retroactive credits will apply to my account.
- Submission of a false affidavit or payment shall be considered a Class 6 felony pursuant to A.R.S. §39-161.
- In the event a false affidavit is filed, I will be subject to full charges retroactive to the date when the unoccupied property rate was first extended.
- I specifically understand and acknowledge that payment of the reduced fee in any month shall be deemed to be a continuing representation that the Property remains vacant or unoccupied.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

**Signature:** \_\_\_\_\_

**MUST BE NOTARIZED**

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the County of \_\_\_\_\_ and the State of \_\_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires on \_\_\_\_\_.