



The City of
OKLAHOMA CITY
 WATER & WASTEWATER UTILITIES DEPARTMENT
 Utility Customer Services Division

REFUSE AFFIDAVIT
 Refuse Assistance

I, _____, being of lawful age and being first duly sworn on oath depose and say:

1. That I reside at _____ and currently receive trash collection from the City of Oklahoma City, and that I am the person responsible for the payment of the service at the said location.
2. That due to my physical inability to place the refuse to within four feet of the curb-line of the street of my residence for said service, I request an exemption to use "house side" refuse service at the recommendation of my personal physician.
3. That there are no persons in my household capable of carrying the refuse to within four feet of the curb line of the street of my residence for said service as of the date of this Affidavit, that I have _____ dependants currently living with me.
4. That the statements contained herein are true and correct according to the my best information and belief, that I agree that the City of Oklahoma City may periodically inquire as to my physical condition and may revoke this exemption at any time, without notice.

 Signature

Subscribed and sworn before me this _____ day of _____

 Notary

My Commission Expires:

 Please return Affidavit to:
 The City of Oklahoma City
 Water Utilities Customer Service
 420 W. Main, Suite 100
 Oklahoma City, OK 73102
 (405) 297-2833 (405) 297-2803 (fax)

DO NOT WRITE BELOW THIS LINE---OFFICE USE ONLY

Date received in Water Utilities Customer Service: _____

Updated by: _____ Date: _____

Account Number: _____