APPLICATION FOR EXEMPTION FROM PAYMENT OF SANITATION SERVICE CHARGES

NAME OF APPLICANT:	
TRADE NAME:	
MAILING ADDRESS:	
Address of property for which this exemption is claimed:	
Contact Party:	_ Telephone:
Name and address of disposal company:	

Please attach a copy of the disposal contract or current invoice.

Sewerage and Water Board account number (ex. 123456-654321)

(Use separate sheet for additional information)

SIGNATURE

Return application, copy of disposal contract and application fee payable by personal check, cashier's check or money order to: Sewerage and Water Board – Special Accounts Unit, Room 124 625 Saint Joseph Street, New Orleans, LA 70165 Fax: (504) 585-2509

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF ORLEANS

BEFORE ME, the undersigned authority, personally came and appeared:

Name: _____

Address: _____

Who declared that he is the _____

(State whether Owner, Partner, Officer of Corporation, etc.)

of the property located at the following municipal address:

that said property consist of ______Resident(s), ____Business(es) _____Professional Unit(s) known as

Trade Name

And makes this Affidavit in compliance with an Application for Exemption for Sanitation Service Charges and further declares that it has contracted for the collection of all trash, garbage and refuse from the premises located at the above address on a regular basis by virtue of a contract between the said owner and ______. A copy of which has been submitted herewith: Affiant

further declares that the said contract is in full force and effect, no parties thereto are in default and the said disposal company is performing all of the services provided for therein. This information is true and correct and is furnished for the purpose of securing exemption from payment of City of New Orleans Sanitation Charge and I (We) hereby agree to pay the Litter Abatement Charge as provided for in Section 138-58(a-c) in lieu thereof City of New Orleans Sanitation Charge.

SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME

THIS_____ DAY OF _____, 20_____

NOTARY PUBLIC