



## Sewer Availability Charge (SAC) 2018 AFFIDAVIT OF PROPERTY USE

This Affidavit of Property Use is to verify the demand on this property for SAC purposes for credit when there is **no evidence of SAC paid** for the existing demand and **no documentation can be found** for the two types of unpaid credit: 1) Grandparent Credit (demand used prior to January 1, 2009); and 2) Gross Square Feet/Individual Use Credit (demand used after January 1, 2009 but not reported).

Business Site Address: \_\_\_\_\_

City Name: \_\_\_\_\_

Building Permit/Business License Number (Submit Copy): \_\_\_\_\_ Issue Date: \_\_\_\_\_

We certify that City staff have researched the above property and found no other written proof of the existing use on this site. Records researched have included:

- Dated building plans
- Building inspection records
- Business licenses
- Assessment records
- Other: \_\_\_\_\_

Although we could find no written proof, we believe the demand of this property is:

After 1/1/2009 Business Use (E.g. Food & Drink, Office, Church, Salon, Fitness, etc.): \_\_\_\_\_

Pre-2009 Business Use (E.g. Food & Drink, Office, Church, Salon, Fitness, etc.): \_\_\_\_\_

Gross Square Feet of Entire Business: \_\_\_\_\_

Additional Information (If business use does not meet the gross square feet criteria, enter the specific individual use criteria – must be specific of actual use, and if more than one use, include the amount of square feet or number of seats (theater/arena) for each specific use):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(The signees must be City or Department/Division Directors/Managers.) We hereby certify that we have read and understood this affidavit and that the statements are true to our knowledge and belief. We further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges. We have no conflict of interest in this matter.

Name of 1<sup>st</sup> Government Official: \_\_\_\_\_

Title of 1<sup>st</sup> Government Official: \_\_\_\_\_

Signature of 1<sup>st</sup> Government Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name of 2<sup>nd</sup> Government Official: \_\_\_\_\_

Title of 2<sup>nd</sup> Government Official: \_\_\_\_\_

Signature of 2<sup>nd</sup> Government Official: \_\_\_\_\_ Date: \_\_\_\_\_