

**COUNTY OF WARREN
SOLID WASTE FEE EXEMPTION FORM
FISCAL YEAR 2011-2012**

**ELECTRICAL SERVICE PROVIDER
VERIFICATION STATEMENT**

SECTION I: *(To be completed by Property Owner)*

Name (as it appears on the tax bill): _____

Tax Account No.: _____ Tax Record No.: _____

Mailing Address: _____

Telephone: Day: _____ Evening: _____

Please complete the following information on the location of the property:

Road Name: _____ E-911 Address: _____

Directions to property from nearest major intersection: _____

Signed: _____ Date: _____
Property Owner

SECTION II: *(To be completed by Electrical Service Provider)*

Name of Electric Company: _____

Contact Person's Name: _____ Telephone: _____

We have reviewed our records and do hereby confirm that there is no electrical meter on the dwelling described above that is located in our service area. This statement is confirmation that as of the date shown below, there is no electrical service being provided to the dwelling by this electrical service company.

Signed: _____ Date: _____
Electric Company Representative

**THIS STATEMENT MUST BE COMPLETED AND SIGNED BY THE ELECTRIC SERVICE PROVIDER
AND ATTACHED TO THE SOLID WASTE FEE EXEMPTION FORM**