

**Solid Waste Collection Affidavit of Need  
In Order To  
Request for Reduction of Service in Cannon Beach**

DATE \_\_\_\_\_  
NAME OF APPLICANT \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_  
LOCATION ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
MAP \_\_\_\_\_ TAX LOT \_\_\_\_\_ # OF USES \_\_\_\_\_

TYPE OF USE:    \_\_\_ RESIDENTIAL \_\_\_ DUPLEX \_\_\_ MULTI-UNIT RESIDENTIAL  
                  \_\_\_ COMMERCIAL \_\_\_ MULTI-USE COMMERCIAL

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Level of Service Currently Received: \_\_\_\_\_

Level of Service Requested: \_\_\_\_\_  
(note: cannot be less than one can per month)

Reason for Request for Service Reduction (please check):

- Recycling: \_\_\_\_\_
- Composting: \_\_\_\_\_
- Other Environmentally Acceptable Methods of Disposal: \_\_\_\_\_
- Conservation or lack of garbage generation (single, 2<sup>nd</sup> Home, etc.): \_\_\_\_\_
- Other: \_\_\_\_\_

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If level of need for service changes, I agree that I will immediately notify the City. I understand that if my household is ever found to be illegally dumping garbage, mandatory weekly garbage service will be required. I further testify, under penalty of law, that the above information is correct.

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

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Staff Review:

|  |           |          |
|--|-----------|----------|
| Applicant listed on the ineligible list for reduction in services? | Yes _____ | No _____ |
| Transient Rental Permit?   | Yes _____ | No _____ |
| Sufficient demonstration of evidence?                              | Yes _____ | No _____ |
| Reduction accepted?  | Yes _____ | No _____ |
| Date of acceptance?  | Yes _____ | No _____ |
| Notification sent to franchisee?                                   | Yes _____ | No _____ |
| Authorizing Signature:   | _____     |          |



