



**City of Chelsea**  
**Office of the Treasurer/Collector**  
**City Hall, 500 Broadway**  
**Chelsea, Massachusetts 02150**

**Patrice Montefusco**  
**City Treasurer/Collector**  
**Phone: (617) 466-4240**  
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**AFFIDAVIT OF COMPLIANCE WITH SECTION 4-157(F) OF THE REVISED ORDINANCES OF THE CITY OF CHELSEA**

I, \_\_\_\_\_, account number \_\_\_\_\_ of \_\_\_\_\_ Massachusetts being duly sworn, depose and say, as follows:

I own or manage the property located at \_\_\_\_\_

Chelsea, Massachusetts (hereinafter the "Premises") containing \_\_\_\_\_ (No.) Units. I hereby

State that Unit No. \_\_\_\_\_ of the Premises is vacant or will be vacant as of \_\_\_\_\_.

Therefore I am requesting a waiver of the monthly trash fee for the Premises pursuant to Section 4-157(f)

Or the Revised Ordinances of the City of Chelsea. **I understand and acknowledge that the City of**

**Chelsea Will not issue a waiver of trash fees for any month that precedes the date this affidavit is**

**submitted to Customer Service and Collections.** Further, I acknowledge that I have reviewed Section 4-

157(f) of the Revised Ordinances of the City of Chelsea and understand that the City has the right to issue

a fine equal to twice the amount of the single unit fee for any false representations made by an individual

concerning the Vacancy status of a residential dwelling. The information set forth herein is true, to the best

of my Knowledge, information and belief. Signed and Sealed under the pains and penalties of perjury on

this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DAYTIME PHONE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
INSPECTOR

\_\_\_\_\_  
DATE

**\*\*\*\*\*PLEASE NOTE FORM MUST BE FILLED OUT MONTHLY WHILE UNIT IS VACANT\*\*\*\*\***  
**\*\*THIS FORM MUST BE SUBMITTED BY THE SECOND FRIDAY OF THE MONTH TO BE ABATED\*\***