

AFFIDAVIT TO OPT OUT FOR SOLID WASTE SERVICES
PROVIDED IN THE TOWNSHIP OF BRUNSWICK HILLS

To opt out of solid waste services provided in Brunswick Hills Township by Republic Services, I hereby file this affidavit stating such. Affidavits **must** be submitted annually. Current period dates to submit forms are **January 29th from 10:00 AM to Noon, January 30th from 6:00 PM to 7:30 PM, and January 31st from 6:00 PM to 7:30 PM at the Brunswick Hills Town Hall located at 1918 Pearl Road, Brunswick Hills, OH. During these times, either the Fiscal Officer or Township Administrative Assistant will be available to notarize your form.**

You may deliver in person, fax or email your completed original affidavit forms to the following address, email or fax number. Our office will review this form and approval will be determined on a case-by-case basis. Office hours are Monday thru Wednesday 8 AM – 2:00 PM. **Both Forms Must be Completed and Submitted for consideration.**

Brunswick Hills Town Hall
Sally Galanek
1918 Pearl Road
Brunswick Hills, Ohio 44212
Fax: 330-273-7343
Email: sgalanek@brunswickhillstwp.org

Resident's Name: _____

Property Address: _____

Reason for Opting Out (**check one**):

- I receive commercial solid waste service on my property for my business.
- I own my own business, or have the permission of the business owner, as evidenced by the owner's signature below, and will be using the commercial solid waste service at that location.

Business Owner's Signature (If Applicable): _____ *Date:* _____

- I will be utilizing the solid waste services provided by the Medina County Solid Waste District.

By signing my name below, I agree that I am not utilizing Brunswick Hills Township's solid waste services, including recycling services, and have other means of disposing such solid waste. I am prohibited from utilizing another residential solid waste collection service at my residence. If, at any time, if there is cause to believe that solid waste is not being disposed of in accordance with this affidavit, Brunswick Hills Township will notify me in writing of such and solid waste services shall be imposed on me.

Resident's Signature: _____

Date: _____



Brunswick Hills Township

"Enrichment Through Diversity"

Established 1960

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State of Ohio

County of _____

On this ____ day of _____, 2024, before me, the undersigned Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to the be person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public

Print Name: _____

[SEAL]

My commission expires: _____

FOR BRUNSWICK HILLS TOWNSHIP (TRUSTEE) USE ONLY:

Review date: _____, 2024

_____ *Request Approved* _____ *Request Denied*

Comments: _____

Brunswick Hills Trustee signature: _____