

**AFFIDAVIT**

STATE OF OHIO                                 )  
  )  
COUNTY OF MONTGOMERY                 )

Please Return To:  
City of Kettering  
Attn: Senior Services Coordinator  
3600 Shroyer Rd.  
Kettering, OH 45429

I, \_\_\_\_\_, being duly sworn and cautioned, state as follows:

1. I have personal knowledge of and I am competent to testify to the statements contained herein and I do so under pain and penalty of perjury.
2. This affidavit is made in conjunction with the Refuse Removal Service Agreement between the City of Kettering, Ohio and Rumpke in order to provide me with house side refuse removal services at a substantially reduced rate under said agreement.
3. I am physically unable to move even the smallest size refuse disposal unit (32 gallons) to the curb because I suffer from a medically determinable physical impairment. My medically determinable physical impairment is expected to result in death or has lasted or is expected to last for longer than 12 continuous months.
4. I have attached to this affidavit a letter from my physician, bearing my physician's original signature, attesting to my physical impairment.
5. There is no able bodied person residing in my household to move the refuse disposal unit to the curb.
6. There is no able bodied person otherwise available to move my refuse disposal unit to the curb.
7. If I become able to move my refuse disposal unit to the curb, I understand and agree that I have an affirmative duty to do so and to notify Rumpke and pay the full applicable rate for my refuse removal services.
8. If an able bodied person becomes available to move my refuse disposal unit to the curb, I understand and agree that I have an affirmative duty to have the able bodied person do so and to notify Rumpke and pay the full applicable rate for my refuse removal services

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Signature