

**Housatonic Resources Recovery Authority**

**2020-21 Annual Permit and Municipal Registration Application** (Effective August 1, 2020-July 31, 2021)

**SWORN AFFIDAVIT**

I hereby certify under penalty of perjury that the information provided herein (in Forms A, B, and D), in the certificates of insurance and in the Annual Municipal Solid Waste Reporting forms and attached hereto is true and correct, that, as a condition of the issuance of each municipal registration for which the Permittee/Registrant has applied, the Permittee/Registrant agrees that it will comply with the solid waste, recycling, and litter control ordinances of every municipality with which Permittee/Registrant has registered, that the Permittee/Registrant has registered with all municipalities in which it will provide collection services, and that the Permittee/Registrant will comply with the solid waste, recycling and litter control laws and regulations of the State of Connecticut and the United States. I further certify that I am authorized to sign this attestation and agreement on behalf of the Permittee/Registrant and acknowledge that Permittee/Registrant's failure to comply with any of the ordinances, laws, rules or regulations may result in the revocation or suspension of the Permittee/Registrant's permit and/or registration to act as a collector of solid waste and/or recyclable materials in the applicable municipality or municipalities and/or the collector's ability to access one of the HRRRA transfer stations in the region.

\_\_\_\_\_  
 Signature of Authorized Agent Title Date

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me

\_\_\_\_\_  
 (Name of Notary)

the undersigned officer, personally appeared \_\_\_\_\_  
 (Name of Authorized Agent)

who acknowledged himself/herself to be the \_\_\_\_\_  
 (Title of Authorized Agent)

of \_\_\_\_\_, a business authorized  
 (Name of Business)

to operate in the State of CT, and that he/she as such \_\_\_\_\_  
 (Title of Authorized Agent)

being authorized to do so, executed the foregoing instruction for the purposes therein contained, and certified, under penalty of perjury, that the information provided in this application is true and correct by signing the name of the business of himself/herself as \_\_\_\_\_  
 Title of Authorized Agent)

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
 (Signature of Notary Public)

Date Commission Expires \_\_\_\_\_

