



**APPLICATION – SOLID WASTE  
TEMPORARY DISCONTINUANCE OF SERVICE  
(UP TO 6 MONTHS)**

Name of Property Owner: \_\_\_\_\_

Property Address to have Discontinued Service: \_\_\_\_\_

Requested due to: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mailing Address During Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Garbage Route Day: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I am the property owner and request **DISCONTINUANCE OF SOLID WASTE SERVICE FOR A PERIOD NOT TO EXCEED 6 MONTHS**, starting the first day of \_\_\_\_\_ (month), 20\_\_\_\_, and resuming solid waste service on the first day of \_\_\_\_\_ (month), 20\_\_\_\_; furthermore, that no solid waste will be on the above property for pickup during this temporary absence. I understand that a Temporary Discontinuance Fee of \$30.00 will be added to current utility account.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**for City use:**

<i>verified by:</i>	<i>date:</i>	
<i>approved by:</i>	<i>date:</i>	
<i>comments:</i>		