

TEMPORARY DISCONTINUANCE OF REFUSE SERVICES APPLICATION
(ABSENCE OF 60 DAYS OR MORE)

Name of Property Owner: _____

Property Address to have Discontinued Service:

Account Number: _____

During absence from above property, address where bill should be mailed:

Telephone Number: _____

CERTIFICATION

I hereby certify that I am the property owner and request DISCONTINUANCE OF REFUSE SERVICE FOR A PERIOD EXCEEDING 60 DAYS, starting _____ , and resuming refuse service on _____ ; furthermore, that no refuse will be on the above property for refuse pickup during this temporary absence.