



Temporary Suspension Of Garbage Service



Customer Name _____

Service Address _____

Account Number _____

Phone Number _____

Date to Stop Garbage Service _____

Date to Resume Garbage Service _____

I understand that:

- I have to be out of town for three months or longer to suspend my garbage service.
- I will not be billed for garbage service during the time period I have specified above.
- I will not receive garbage collection, bulky waste pickup, or recycling during this time period.
- If I need to extend the temporary suspension of service, I will contact the Utility Office.

Signature _____

Office Use Only

Received by _____ Date Received _____