

City of Sheldon
Garbage Service
Discontinue Service Agreement
(Minimum Requirement 2 Months)

Account Number _____

Name _____ Date _____

Address _____

Phone _____ Work _____ Cell# _____

Temporary Address _____

City _____ State _____ Zip _____

Temporary Phone: _____

Garbage Service provided by: (circle one) De Kruif Schwarz

Starting on _____ 20__ we are requesting the garbage service at the above stated location be discontinued until _____ 20__. In that stated time frame, garbage service will not be available. If the above time frame changes, it is the property owner's responsibility to notify the City Office of such changes. Unless otherwise stated, the garbage service will be discontinued unto the above stated date of return. The garbage service fee will be activated at the completion of the deactivated time period.

To the best of my knowledge, the above stated information is correct. I fully understand and have read the information that is required of me.

Signature of Property Owner

Date

City Office Signature

Date

Please return to the City Office: P.O. Box 276

