

APPLICATION

TEMPORARY DISCONTINUANCE OF REFUSE SERVICES
(Absence of 60 days or more)

Name of Property Owner: _____

Property Address subject to Discontinued Service:

Customer Account #: _____

Starting Date of Discontinuance: _____

Estimated Date for Service to Resume: _____

Contact information during period of discontinued service:

Address: _____

Telephone: _____

CERTIFICATION

I hereby certify that I am the property owner of the above residence and that the residence will be unoccupied for a period of at least 60 consecutive days. Futhermore, I certify that no refuse will be on the above property for refuse pickup during this temporary absence. I also understand that it is my responsibility to contact the City Utility Billing department (320-234-5672) in order to restore refuse service upon my return.

Signature of Property Owner

Date

Please return this completed and signed form to the Utility Billing department located at City Center, 111 Hassan St SE.