



## Request to Stop Trash Service

Complete form below to stop service. Allow three (3) business days from the date of submission for processing.

Date to Stop Service: (Mondays only) \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Termination:

- Owner sold the home
- Renter moving out
- Other: \_\_\_\_\_

Trash and Recycling containers are to remain at the residence. Please leave containers on site upon your departure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date