

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

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