



REQUEST TO SUSPEND WASTE AND RECYCLING COLLECTION SERVICES

Name: _____

Address: _____

Zip Code: _____

Telephone: _____

email: _____

Address of property where service is to be suspended:

Beginning date of service suspension: _____

Date service is to resume: _____

Signature: _____

Date: _____

This form is to be completed and returned to the North College Hill administrative office.