

APPLICATION FOR TEMPORARY SUSPENSION OF REFUSE CHARGES

City of Defiance

Name of person on active water account

Address

Phone Number

Today's Date

Start of billing cycle (If not sure, ask a Utility Billing Representative)

Dates your residence will be vacant:

From: _____ To: _____

Signature

By signing, I am certifying I have read and understand all information contained on both sides of this form.

All residents requesting suspension of refuse charges should immediately contact the Utility Billing Office at 782-1946 in the event you wish to resume using refuse services for any part of the period suspension was requested.

Suspension of refuse charges is approved for the billing periods beginning:

_____ and ending _____.

Jan Owens, Utility Billing Manager

Date