

**CITY OF CHILLICOTHE
SERVICE DEPARTMENT
GARBAGE EXEMPTION FORM**

DATE: _____

I, _____, am applying for exemption from the

City of Chillicothe garbage collection service at:

LOCATION: _____

for the following reason: _____

This request is made in accordance with the City of Chillicothe's Ordinance # 86-89. The Office of the City Service Director will be immediately notified of any change in this request.

Signature: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Account Number: _____

City Official Approval

Date