

REQUEST FOR SUSPENSION OF GARBAGE SERVICE



**CITY OF EPHRATA
121 ALDER STREET SW
EPHRATA, WA 98823
(509) 754-4601 Fax (509) 754-0912**

Service Address _____ Account # _____

I, _____, being the owner of the property noted above, hereby request that the **garbage service only** be temporarily suspended for a period not to exceed five (5) continuous months.

I declare, under penalty of perjury, that this property is vacant and will remain continuously vacant throughout the period for which garbage services are requested to be suspended.

In the event the above named property is again occupied, it is my responsibility to notify the City immediately.

Date suspended: _____

Date restarted: _____

Property Owner Signature

Mailing Address

City, State, Zip

Phone