

MURRAY SANITATION DEPARTMENT

TEMPORARY SUSPENSION OF SERVICES AND REMOVAL OF SANITATION CHARGES

DATE: _____ MMU ACCOUNT # _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

REASON FOR SUSPENSION OF SERVICES: _____

EFFECTIVE DATE: _____

RESUME DATE: _____

SIGNATURE: _____

Upon submission of this form, all sanitation services will be temporarily suspended, to include trash collection and recycling collection (if applicable), during the effective period.

Containers may be collected by the Sanitation Department, if left outside or unsecured to prevent loss and theft while services are suspended.