CITY OF POTH
SERVICE REQUEST

I, _____, request that the service at

_____:

(Location)

[ ] be terminated

[ ] mailing address changed

[ ] request refuse / extra refuse container

[ ] discontinue refuse

[ ] be transferred to new location at: _____

      Effective date of change: _____

Mailing address: _____

                      _____

                      _____

Phone #: _____

I fully understand that I will be responsible for service incurred prior to the termination or transfer date.

Signature: _____ Date: _____

OFFICE USE ONLY:

_____
_____
_____