

**VACANT/UNOCCUPIED DWELLING
REQUEST FOR TERMINATION OF SOLID WASTE PICKUP
CITY OF COFFEYVILLE**

Name

Date

Service Address

Phone

Mailing Address (if different from above address)

Effective _____ (date dwelling will be vacant/unoccupied)
please discontinue solid waste service at the above service address.

I am the _____ owner
 _____ landlord
 _____ agent or caretaker (proof required)
of the above stated property

The reason for request to terminate services:

I understand the solid waste service will be discontinued at the above service address on the effective date above, and the solid waste fee will be suspended from the utility bill effective the first full billing cycle following the date service is discontinued. I understand that this request is valid for three (3) billing cycles following the effective date and that if the dwelling will remain vacant/unoccupied, I am required to file another application. I understand that if I do not file another application, a solid waste fee will be added to the service address.

I agree to notify the City of Coffeyville when service is to be re-instated.

Signature of applicant

AFFIDAVIT

State of Kansas
County of Montgomery, ss:

_____, of lawful age, being first duly sworn upon oath, states as follows:
(1) That he/she is the owner/landlord/agent of the dwelling stated above and possesses legal authority to make this application; (2) That all of the information contained in this application is true and correct; (3) That no solid waste will be generated from the service address above from and after the effective date of this application; (4) That I will promptly notify the City of Coffeyville if conditions change whereby the service address should be billed for solid waste collection and disposal; and (5) That I am aware that providing false information in this application is a misdemeanor, punishable by law.

Notary Public

My Commission expires: _____

Seal

To be filled in by City of Coffeyville:	
Service Number	_____
Effective date	_____
Date entered in system	_____
Date trash contractor notified	_____
Date service to be re-instated	_____