

CITY OF SEVIERVILLE PUBLIC WORKS DEPARTMENT

To:	The City of Sevierville		
l,	Phone number:(Name – please print)		
of	(Business/Residence Address)		
have o	cancelled all City of Sevierville Se	ervices.	
	ze that in doing so, I am not elig es including, but not limited to:	ible for any City of Seviervil	le Sanitation
	Trash Collection Leaf Collection Brush and Grass Collection Rubbish (junk) Collection		
My alt	ternative method of garbage dis	posal is (address of disposa	ıl site):
_	erstand that if I wish to reinstatein	e the services, I will be res	ponsible for a
Forward	ding address:	Pick up can on:	(Date)
(Signatu	ure)	(Date)	
Receiv	ved:		
(Signatu	ure)		
(Remar	ks)		