



PUBLIC WORKS DEPARTMENT

Solid Waste Cancellation

Name: _____ Phone Number: _____
(Individual Requesting Cancellation – please print)

Name of Business (if applicable): _____

Service Address: _____
(Business/Residence Address)

I understand by submitting this form I am cancelling all solid waste services. I realize that in doing so, I am not eligible for any City of Sevierville Sanitation Services including, but not limited to:

Trash Collection	Leaf Collection
Brush and Grass Collection	Rubbish (junk) Collection

Last date of service or date water account will be disconnected: _____
(Can/dumpster will be removed on this date.)

I understand that if I remain at the above address and wish to reinstate services, I will be responsible for a \$75 reinstatement fee.

My alternative method of garbage disposal is (address of disposal site):

Or,

If moving, please provide a forwarding address:

(Signature of individual cancelling service)

(Date)

Received:
