

Cycle:
Can Size:



SOLID WASTE TEMPORARY DISCONTINUANCE OF SERVICE
(UP TO 6 MONTHS)

Please email completed form to UtilityBilling@FarmingtonMN.gov
or mail to/drop off at City Hall, 430 Third St., Farmington, MN 55024

Name of Property Owner: _____

Property Address to have Service Discontinued: _____

Reason for Discontinuance: _____

Account Number: _____ Telephone: _____

Garbage Route Day: M T W TH F Date to pick-up containers: _____

Mailing Address during Absence: _____

I hereby verify (please acknowledge each statement):

I am the property owner and request my solid waste service be discontinued for up to 6 months, starting on the **1ST** day of _____ (month) 202____, and resuming solid waste services on the **1ST** day of _____ (month) 202_____;

No solid waste will be on the above property for pickup during this temporary absence;

An administrative fee of \$30.00 for temporary discontinuance of solid waste will be added to my current utility account;

It is my responsibility to call and request the garbage containers to be re-delivered when I return; (For garbage containers call the city: 651-280-6883. For recycling containers call DSI at 952-469-2239.)

Solid waste charges will resume at the end of this discontinuance, even if I have not called to have the container re-delivered to the property.

Per MN Statute 115A.941 cities with populations over 5,000 must have solid waste collection service for every residence and business. I am requesting a temporary discontinuance due to the property being vacant.

*** For city use only:** _____ *Signature* _____ *Date*

Verified By:		Date:
Approved By:		Date:
Garbage Tab (Off):		Date:
Garbage Cans (S/O):		Date:
Fee Applied:		Date:
Reactivate Service:		Date: