

CITY OF IMLAY CITY

NOTICE OF GARBAGE INTERRUPTION

DATE OF REQUEST: _____

RESIDENT'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____

REASON FOR INTERRUPTION: _____

DATE SERVICE SHOULD CEASE: _____

DATE SERVICE SHOULD RESUME _____

**** CREDIT WILL BE GIVEN FOR FULL CALENDAR MONTHS ONLY**

SIGNATURE OF RESIDENT: _____

DO NOT WRITE BELOW THIS LINE

CHECK DENOTES THE MONTH CREDIT WILL BE RECEIVED:

YEAR: _____

JAN _____ FEB _____ MARCH _____ APRIL _____ MAY _____ JUNE _____

JULY _____ AUG _____ SEPT _____ OCT _____ NOV _____ DEC _____

YEAR: _____

JAN _____ FEB _____ MARCH _____ APRIL _____ MAY _____ JUNE _____

JULY _____ AUG _____ SEPT _____ OCT _____ NOVE _____ DEC _____