



**FINANCE DEPARTMENT**  
215 West Main Street  
Northville MI 48167  
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## CANCELLATION OF RESIDENTIAL SOLID WASTE COLLECTION SERVICES

CUSTOMER NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

I authorize cancellation of solid waste collection service at the above address. (check one below)

\_\_\_\_\_ **PERMANENTLY** (check one below)

\_\_\_\_\_ I will personally be responsible for removal of refuse from the property on a weekly basis, in accordance with City Ordinance, Section 66-8a.

\_\_\_\_\_ I have hired \_\_\_\_\_,  
whom I have verified is licensed by the City of Northville to collect solid waste.

\_\_\_\_\_ **TEMPORARILY**, effective (date) \_\_\_\_\_  
to resume (date) \_\_\_\_\_.

I understand that if the cancellation period is **less than three months**, I will be charged a **\$40** reactivation fee upon resumption of service.

I further understand that during the period of cancellation, I am not eligible to utilize the City's recycling center, curbside leaf collection, or the compost disposal site. These services are funded through the solid waste program and not by general taxes.

Signature \_\_\_\_\_

Date \_\_\_\_\_