



711 W. Cinnamon Dr • Lemoore, California 93245 • (559) 924-6744 x 715 • Fax (559) 924-9003
Finance Department

REFUSE STOP SERVICE REQUEST FORM

Account Number: _____

Service Address: _____

Business: _____

Name (print): _____

Phone Number: _____

I am requesting for my garbage service be suspended for the duration of
(mo/day/yr) _____ to _____.

Conditions of Account

- By signing this request form you are certifying you are a **Non-Essential** business forced to close due to COVID-19.
- Refuse containers will be removed from the property during the stated period
- The refuse containers will be returned and I will be charged full utility service within 3-4 days of my stated return date, unless I call to request full service earlier.

I understand I will still be responsible to **pay for the water and sewer service** during this period of time.

Signature _____ Date _____

Address (if different than service address): _____
