



CANCELLATION
OF CURBSIDE ORGANICS PROGRAM

Utility Account Name: _____ Utility Account No. _____

Street Address: _____

Phone No. _____

In signing this form you are cancelling your subscription to the Curbside Organics Program

Signature: _____ Date: _____

OFFICE USE ONLY:	CLERK INITIAL: _____
ACTIONED BY: _____	DATE COMPLETED: _____
ACTIONED BY: _____	DATE COMPLETED: _____