

REQUEST TO TERMINATE WEEKLY 90-GALLON CART SERVICE

I am the owner (legal representative of the owner) of the property located at the service address below and wish to terminate the weekly 90-gallon refuse cart service.

Requested Termination Date _____ Utility Account Number _____

Owner's/Legal Representative's Name _____ Rental Property (Y or N) _____

Service (Property) Address: _____

Owner's Address—**Street, City, State, Zip Code** (if different from service address; if the same, simply type "same as above"):

Phone Number (with area code): _____ Email Address: _____

NOTE: Please make sure your cart is placed at the City's **designated pick-up location** on the date you requested to terminate cart service!

- You will be billed for the 90-gallon refuse cart service up to the date of pick-up/termination. This charge may continue to appear on your City utility bill for 2-4 months past the pick-up/termination date based upon your service meter reading dates and our City utility billing schedule.
- Upon termination of the cart service, the service address will utilize the 30-gallon bag system offered by the City.

PRIVACY POLICY: The Minnesota Data Privacy Act requires that we inform you of your rights about the private data we are requesting on this form. The following data contained on this form will be considered private data pursuant to M.S. 13.548: the name, address, telephone number, any other data that identifies the individual, and any data that describes the health or medical condition of the individual, family relationships, and living arrangements of an individual or which are opinions as to the makeup or behavior of an individual. We need this data to register you for a program and to contact you if necessary. City of St. Cloud staff will have access to the data you provide to administer the program. You are not legally required to provide the data; however, refusing to supply the data may cause your registration to not be processed. Your acceptance here indicates you have read and understand these rights.

By checking this box & typing my name below: I am electronically signing my application & agreement form & have read and agree to the data privacy policy, and I certify that I am the owner, or legal representative of the owner, for the above stated address. Per sections 244:15,35,65,75,80 and 570:00 of the City Code, any person who submits a false application provided herein, will be guilty of a misdemeanor.

Owner's/Legal Representative's First & Last Names _____ Relationship to Owner _____ Date _____

Click "Submit Form" box on page 2 to send form via email directly to Public Works

Maintenance Supervisor

Date

To submit form directly to Public Works via email, click following link:

OFFICE USE ONLY:

Utility Account Number: _____

Serial Number of Cart Assigned to Service Address: _____

90 Gallon Cart Picked UP at Service Address:

Yes ____ No ____

Employee Name: _____ Date: _____

Comments: _____

Original: Public Works Department

Copy: Finance Department