

**REFUSE SUSPENSION AFFIDAVIT**

Date \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, the property owner of the above noted address do certify that the above residence will be vacant for a period of at least 3 months while I am out of town (must be between November 1 and May 1). I request that the Township suspend my refuse pickup and the quarterly refuse charge for the period of 1 quarter (3 months). I will be out of town from \_\_\_\_\_ to \_\_\_\_\_. I understand that I cannot have any refuse at the curb for pickup during this 3 month time period.

Property Owner's Signature: \_\_\_\_\_

U.B. Account # \_\_\_\_\_ Suspend charge on \_\_\_\_\_ billing.

No property will be allowed more than one quarterly suspension per year and it only applies to the applicant's residence. If at any time, Waste Management or Port Huron Township personnel feel that this agreement is in violation this agreement will become null and void and all applicable charges will be applied to the account.