



**Request to Temporarily Suspend
Residential Waste Collection**

**City of Creston City Hall
116 West Adams St.
PO Box 449
Creston, IA 50801,
PH 641-782-2000**

Name: _____

Address: _____

Address to Suspend Service: _____
(If different from above)

Reason to Suspend: _____

Inclusive Dates: From: _____ **Thru:** _____

The City may, at its discretion, grant a temporary suspension of service to residents for temporary absence of residence. Temporary Suspensions will be granted for no less than two (2) continuous months. Temporary Suspension of service and payment will be given for full months only, beginning with the first day of any designated month through the last day of the following month. The CITY will administer and monitor all Temporary Suspension grants, and will communicate any suspensions to the CONTRACTOR (Waste Management) no later than the 24th day of each month. Waste Management will adjust the monthly billing to accommodate all approved Temporary Suspensions (September 2003 Contract).

I agree to all the above conditions and will promptly report to the Creston Municipal Utility if conditions change and a return to service is required.

Signature of Applicant

Date

Approved by City Administrator _____ Municipal Utility Notified: _____
Waste Management Notified _____
710 E. Monroe, Creston, Iowa 50801