



MAP _____ PARCEL _____

CUSTOMER ID #: _____
For internal use only

SOLID WASTE & RECYCLING STOP SERVICE FORM

Name of Owner(s): _____

Property Location: _____

Mailing Address: _____
(if different)

Phone Number: _____ Email Address: _____

Service No Longer Required (please select one):

_____ Transfer of Property

_____ Deceased

_____ Dwelling is Vacant

_____ Alternative Hauler (please complete page 2)

_____ Bank Owned

This form must be completed and signed by the property owner (and the Alternative Hauler, if applicable). Upon receipt of this request, the Board of Health will confirm eligibility to stop service and schedule cart pick up. Please be advised that all carts must be returned to the Town of Auburn and confirmed as received by the Town in order to cancel service and billing. Please have carts curbside for pick up.

Owner's Signature

Date

Approved by Board of Health

Date

For internal use only

**Please return form to: Town of Auburn
DDIS-Board of Health
104 Central St
Auburn, MA 01501**

For questions please call DDIS-Board of Health at 508-832-7703

TO BE COMPLETED BY ALTERNATIVE HAULER

MUST INCLUDE COPY OF CONTRACT FOR PROOF OF ALTERNATIVE METHOD OF DISPOSAL

Part A – Commercial Hauler

Name of Hauler: _____ Phone Number: _____

Address: _____

Final Disposal Location: _____

Signature of Hauler: _____ Date Started: _____

Part B – Self-Owned Business

Name of Business: _____ Phone Number: _____

Address: _____

Disposal Location: _____

Signature: _____ Date Started: _____

Part C – Place of Business

Name of Business: _____ Phone Number: _____

Name of Owner: _____

Address: _____

Disposal Location: _____

Permission is hereby granted to dispose of household waste at my business.

Signature of Business Owner

Date Started