

VILLAGE OF
ARCANUM

309 S. Albright St., P.O. Box 398
Arcanum, OH 45304

VACATION & SNOWBIRD GARBAGE REGISTER

MUST BE GONE FOR AT LEAST 1 MONTH

Name

Date

Service Address

Phone Number

Remove garbage: _____

Resume garbage: _____

Charges will not be applied to my account within the dates given. I also understand it is my responsibility to contact the utility office upon an earlier return than what I have listed.

Please also Provide a
Forwarding/Winter Address:

Would you like your bill forwarded to this address yes no

OFFICE USE ONLY:

DATE _____

ACCOUNT # _____

INITIALS _____