

**Solid Waste Collection Affidavit Request for Reduction of Service in Cannon Beach**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_

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

Number of Uses: \_\_\_\_\_

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Level of Service Currently Received: \_\_\_\_\_

Level of Service Requested: \_\_\_\_\_

(Note: cannot be less than one can per month)

Reason for Request for Service Reduction (please check):

Recycling: \_\_\_\_\_

Composting: \_\_\_\_\_

Conservation or lack of garbage generation (single, 2nd Home, etc.): \_\_\_\_\_

Other: \_\_\_\_\_

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If level of need for service changes, I agree that I will immediately notify the City. I understand that if my household is ever found to be illegally dumping garbage, mandatory weekly garbage service will be required. I further testify, under penalty of law, that the above information is correct.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Staff Review:

Applicant listed on the ineligible list for reduction in services? Yes \_\_\_\_\_ No \_\_\_\_\_

Reduction accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of acceptance? Yes \_\_\_\_\_ No \_\_\_\_\_

Notification sent to franchisee? Yes \_\_\_\_\_ No \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

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