



**VERMILION UTILITIES DEPARTMENT
5511 LIBERTY AVENUE
VERMILION OH 44089
440-204-2420 phone 440-204-2411 fax
www.vermilion.net**

ACCOUNT NUMBER: _____

In order to temporarily discontinue the garbage billing, the following form must be completed and returned to this office. A specific date must be indicated on both spaces provided, listing the stop and start date. In order for garbage to be discontinued, the property must be vacant for at least 90 consecutive days.

Garbage billing will be reinstated if water consumption is 100cuft or more in a one month period. If garbage is requested to be started within the 90 days, we are required to charge unbilled service from the beginning date requested.

The house at _____(address) will be vacant
from _____(date)
to _____(date).

Change Mailing Address:

_____Yes _____No

Signature _____

Address _____

City, State, Zip Code _____