



**TOWN OF LACOMBE**  
**REQUEST FOR TEMPORARY DISCONTINUATION**  
**OF WATER & GARBAGE COLLECTION SERVICES**



NAME \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

CIVIC ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SERVICE DISCONTINUATION REQUESTED      WATER       GARBAGE COLLECTION

PERIOD OF VACANCY (minimum 60 days) \_\_\_\_\_ to \_\_\_\_\_

REASON FOR DISCONTINUATION \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT**

I, \_\_\_\_\_ do hereby make the above noted request with the understanding that when this residence is no longer vacant, I will notify the Town of Lacombe immediately and garbage fees will then resume. I acknowledge that I remain fully responsible for the garbage container provided to this address, and for its replacement. The Town of Lacombe will refer to the dates indicated on the request unless otherwise notified. I agree that the said request shall be subject to the Rules and Regulations of the Town of Lacombe, hereinafter contained or anytime hereafter made effective during the life of this Contract.

SIGNATURE OF APPLICANT OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE  
 USE  
 ONLY**

REQUEST RECEIVED BY \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ROUTE # \_\_\_\_\_

CONTROL SHEET

*The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act for the registration and administration of services and programs provided by the Town of Lacombe. If you have any questions about the collection or use of your personal information, contact the Town of Lacombe at 403-782-6666.*