

NO-SERVICE / HAUL YOUR OWN SANITATION CITY OF DAVIS

FINANCE DEPARTMENT 23 Russell Blvd. - Davis, CA 95616

530/757-5651

Account # :_____

Property Address:_____

Phone Number:_____

The \$20.37 per/month NO SANITATION SERVICE RATE is available providing notification is given to the city prior to occurrence, the notification has been verified by the city, and the following conditions are met:

I,	(print), declare that I am the owner/agent and responsible			
party for Garbage Fees at	_		;	
	(Service	e Address)		
and I hereby request NO SANI	TATION SERVIC	E pursuant to the follow	wing conditions:	
I will dispose of my san	itation in the follow	ving manner:		
Yolo Coun	ty Landfill, Road 10	04 & Road 28H, Wood	lland. 530/666-8730	
Frequency:				
Daily	3 times/week	2 times/week	Weekly	

I will notify the City of Davis to restart sanitation service in the event that I am unable to dispose of my sanitation as prescribed above. During this period, there will be no household containerized waste for pickup at this address. You may still put yard refuse in the street for pick-up as well as containerized recycling. I also understand that paying an individual or another customer to dispose of my sanitation is in violation of the City's franchise agreement with DWR and is not allowed.

Note: Please pay full utility bill on a current basis. No credit will be issued for any penalties that accrue on any unpaid delinquent balances. <u>The effective date for No Sanitation Service will be no earlier than the date the form is received in the Finance Office.</u>

Signature of Owner/Agent	Date	Finance Signature	Date
For Office Use Only			
Credit Amount: \$ Comment:			
Credit/Refund Authorized		Date	