

**CITY OF EPHRATA  
121 ALDER STREET SW  
EPHRATA, WA 98823  
(509) 754-4601  
Fax (509) 754-0912**

**REQUEST FOR SUSPENSION OF GARBAGE SERVICE**

TO: City of Ephrata

Account # \_\_\_\_\_

I, \_\_\_\_\_, being the property owner of the property known as \_\_\_\_\_, hereby request that the *garbage service only* be temporarily suspended for a period not to exceed five (5) continuous months. **I declare, under penalty of perjury, that this property is vacant and will remain continuously vacant throughout the period for which garbage services are requested to be suspended.**

In the event the above named property is again occupied, it is my responsibility to notify the city immediately.

Date suspended: \_\_\_\_\_

Date restarted: \_\_\_\_\_

\_\_\_\_\_  
*Property Owner*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*