

LOG # _____ DATE _____

Town of Auburn, Massachusetts

Julie A. Jacobson
Town Manager



Map _____ Parcel _____

Stop Service or Alternative Solid Waste Disposal Form

Owners Name: _____
last first middle

Property Address: _____
number street phone #

Mailing Address: _____
(if different) number street
town state zip

Alternative method of collection and disposal (check one & complete other side)

- _____ Commercial Hauler (complete Part A)
- _____ Disposed at a self-owned business (complete Part B)
- _____ Disposed at your place of business (complete Part C)

No service required - Effective date _____

STOP SERVICE - TOTERS PICKED UP ON _____

- _____ Dwelling is vacant
- _____ Residing out of Town of Auburn
- _____ Bank Owned
- _____ Deceased

Signature of Property Owner Date

Board of Health Date

This form must be completed and signed by the property owner and Board of Health, as well as the Alternative Hauler. The Town requires that the toter is picked up and we have this form on file in order to cancel Allied Waste collection and billing.

PLEASE HAVE TOTER VISIBLE FROM STREET FOR PICK UP.
TO BE COMPLETED BY ALTERNATIVE HAULER

Part A - Commercial Hauler

Name of hauler _____ Phone No. _____

Address _____

Final disposal location _____

Signature of hauler _____ Date started _____

Part B - Self-Owned Business

Name of business _____ Phone no. _____

Address _____

Disposal location _____

Signature _____ Date started: _____

Part C - Place of Business

Name of business _____ Phone no. _____

Name of owner _____

Address _____

Disposal location _____

Permission is hereby granted to dispose of household waste at my business.

Signature of Business Owner

Date Started