



PUBLIC WORKS DEPARTMENT
SOLID WASTE CANCELLATION

Name: _____ (Individual requesting cancellation – please print)

Phone Number: _____

Name of Business: (If applicable) _____

Service address: _____
(Business/Residence Address)

I understand by submitting this form I am cancelling all solid waste services. I realize that in doing so, I am not eligible for any City of Sevierville Sanitation Services including, but not limited to:

Trash Collection
Leaf Collection

Brush and Grass Collection
Rubbish (junk) Collection

Last date of service or date water account will be disconnected: _____
(Can/dumpster will be removed on or close to this date)

I understand that if I remain at the above address and wish to reinstate services, I will be responsible for a \$100 reinstatement fee.

My alternative method of garbage disposal is (address of disposal site):

Or, if moving please provide a forwarding address (billing purposes):

(Signature)

(Date)

Received by supervisor:

(Signature)

(Date)