

Acct # \_\_\_\_\_

**REFUSE RELIEF APPLICATION**

I \_\_\_\_\_, residing at \_\_\_\_\_ hereby make application for temporary stoppage of residential refuse collection services, as follows:

- A. Date Leaving \_\_\_\_\_
- B. Returning Date \_\_\_\_\_
- C. Basis for request:  
\_\_\_\_\_
- D. Phone # (REQUIRED) \_\_\_\_\_

I further understand that the following terms and conditions shall apply to this application:

- A. Applicant must be gone a minimum of 2 full months or longer for request of refuse relief. Refuse relief will not be pro-rated, only full months apply.
- B. Notify the Village 10 days in advance of the dates that you will be gone and upon return notify the Village you are home.
- C. No exemption shall be granted unless a written application based upon this form is submitted to and approved by the Village of Coal Valley, Illinois.
- D. Any false information submitted as part of an application shall be cause for the immediate denial of the exemption, and further the prohibition of the applicant from making any further applications with the Village.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

Approved by the Village of Coal Valley, Illinois, \_\_\_\_\_  
Water/Sewer/Garbage Dept.

**CONFIDENTIALITY CLAUSE:**

The information contained in this document is confidential between the applicant and the Village of Coal Valley. Unless you are the applicant or the Village of Coal Valley, you may not use, copy or disclose to anyone the information contained in this document.

*Office use:*  
Application Taken by: \_\_\_\_\_ Date: \_\_\_\_\_