



Date Received: _____

CITY OF FALL RIVER
Solid Waste, Recycling and Yard Waste
AGREEMENT TO RELINQUISH CITY SERVICES

Property Owner Name: _____

Mailing Address: _____

Property Address: _____

Contact # _____ Email Address: _____

Attach a copy of the current contract with private rubbish and recycling removal company.

I hereby certify that I do not use the City of Fall River Trash/Recycling/Yard Waste Program at the property listed above. I understand that this property is prohibited from engaging in city curbside collection service. Property owners are required to submit a copy of a renewed contract on an annual basis.

Signature of Applicant

Date