

# **SUBJECT: Trash Collection Change of Status**

Name of Property Owner \_\_\_\_\_

Property Location \_\_\_\_\_

I, as legal property owner of the above location, request  
that trash collection be started/stopped as of \_\_\_\_\_  
(Circle One) (Date)

Please return this form to: City of Salisbury Water Dept.,  
125 N. Division St., Room 103, Salisbury, MD 21801-4940. If  
you have any questions, call 410-548-3115.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

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## **FOR INTERNAL USE ONLY**

Approved Finance Dept \_\_\_\_\_

Date of Approval \_\_\_\_\_

Beginning Date \_\_\_\_\_

Stop Date \_\_\_\_\_

Copy to Public Works Service Center, Sanitation Division