

**CHARTER TOWNSHIP OF BLOOMFIELD
SOLID WASTE EXEMPTION REQUEST FORM**

Please submit form before suspension start date

PROPERTY / CONTACT INFORMATION

Property Owner Name: _____

Property Owner Address: _____

Contact Person (if other than owner): _____

Day Time Phone: _____ Night Time Phone: _____

Best Time to Call: _____

Check One: Single Family Home Condo or Apt.

Name of Complex if Condo or Apt: _____

SUSPENSION OF SERVICE TYPE

**EXTENDED VACATION / LEAVE
SUSPENSION OF SERVICE**

Departure Date
Suspend Service: _____

Return Date
Resume Service: _____

NOTE: Extended vacation/leave requests must be for a minimum of 30 days and not exceed 90 days.

OR

**CONSTRUCTION OR DEMOLITION
SUSPENSION OF SERVICE**

Suspend
Service Date: _____

Estimated Resume
Service Date: _____

NOTE: Construction or demolition suspension of service requests must be accompanied by a proof of permit issued by the Charter Township of Bloomfield.

OWNER

Please Print Name: _____

Signature of Owner: _____ Date: _____

IMPORTANT

In order for your exemption request form to be considered, the above information must be complete and the form must be signed and dated at the time of submittal.

Please fax or mail your completed exemption request form along with any proof of permit, if applicable to:

Rizzo Services
6200 Elmridge Dr
Sterling Heights, MI 48313
Fax: 586-795-4179