



SANITATION TERMINATION (OUT OF CITY ONLY)

If you are interested, please sign below and return the form to City of Walhalla, PO Box 1099, Walhalla, SC 29691.

_____ I wish to discontinue my curbside garbage pickup.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Account#: _____ Date: _____

Email _____ Phone: _____

Signature: _____ Date _____