

**MUSKEGON CHARTER TOWNSHIP  
SANITATION CONTRACT**

I wish to obtain sanitation service from Muskegon Charter Township. I understand that this will be billed quarterly. The sanitation service is \$52.00 per quarter and includes one trash tote. Cancellation in the first three months of service will be subject to a \$20.00 cancellation fee or the cost of service, whichever is greater.

**It is my responsibility to sign off on this contract with Muskegon Charter Township when I move or wish to cancel my service. Failure to do so will result in continued accrual of charges. I have read and understand the terms of this contract.**

Please print or type

Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Service Address: \_\_\_\_\_

Container:   \_\_\_ 64 Gal.   \_\_\_ 96 Gal.

Recycle:   \_\_\_ Yes   \_\_\_ No

Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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**CANCELLATION OF SANITATION SERVICE**

I wish to cancel my sanitation service with Muskegon Charter Township. My last sanitation pick up will be \_\_\_\_\_. I agree to pay the balance due within 14 days of the final bill. Should my container not be returned upon cancellation of the account, I will be charged the current price of the container. A restart fee of \$15 will be charged if service is restarted within 90 days.

Signature: \_\_\_\_\_

Forwarding address: \_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

Owners name as it appears in Assessing: \_\_\_\_\_

Pick Up Day:   \_\_\_ Monday   \_\_\_ Tuesday   \_\_\_ Wednesday   \_\_\_ Thursday   \_\_\_ Friday

Date of first pick-up: \_\_\_\_\_

Parcel Number: 61-10-\_\_\_\_\_

Account Number: \_\_\_\_\_