



CITY OF CANNON BEACH

Solid Waste Collection Affidavit Request for Reduction of Service in Cannon Beach

Date: _____

Name of Applicant: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Location Address: _____

Number of Uses: _____

Level of Service Currently Received: _____

(Note: cannot be less than one can per month)

Level of Service Requested: _____

Reason for Service Reduction, Please Explain:

(Note: Dwellings with a transient rental permit or a vacation home rental permit must have weekly service.)

If level of need for service changes, I agree that I will immediately notify the City. Revocation of reduced service is at the discretion of the City. I further testify, under penalty of law, that the above information is correct.

Signature: _____

Print Name: _____

For Staff Use Only

<u>Department</u>	<u>Approved</u>	<u>Reviewed By:</u>
Public Works Department	Yes ___ No ___	_____
Police Department	Yes ___ No ___	_____
Planning Department	Yes ___ No ___	_____

Authorizing Signature: _____

Date _____