

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

Priority Waste
Billing Department
45000 River Ridge Dr., Suite 200
Clinton Twp., MI 48038

Email: BloomfieldTwp@prioritywaste.com