

TRASH CANCELLATION FORM

LITCHFIELD BY THE SEA - TRASH PROGRAM

Owner Information:

NAME (PRINT) _____

STREET ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____

CANCEL DATE: _____

ACCOUNT NUMBER: _____

Willbrook _____

River Club _____

Tradition _____

Reserve _____

LBTS _____

Reunion Hall _____

For Office Use Only:

TO: Waste Industries

FROM: Waccamaw Management, LLC - _____
Name

Please Cancel the Service to the OWNER Listed above.

END DATE: _____

ACCOUNT # _____