

Date:

To: City of Troy  
Public Works Department

Account #

From: \_\_\_\_\_

(NAME)

\_\_\_\_\_

(ADDRESS)

\_\_\_\_\_

(City, State, Zip)

RE: Exemption from Garbage Pick-up Fees

I hereby certify that the resident located at the address above generates no trash or garbage of any kind, and wish to be exempted from the monthly garbage fee.

I understand that no trash or garbage will be picked up from this address and that I will be charged a tipping fee at the landfill for any trash or garbage disposed from this address.

\_\_\_\_\_  
(Signature)

cc: Utilities Billing Dept.  
Trash Route Driver