



Residential Stop Service Request Form

Requested Stop Date: _____

PGS will stop service on service days only. Stop service request is required to be submitted at least one business day before desired stop date.

Service Address: _____

Customer Name: _____

Landline Phone: _____ Cell Phone: _____

Email Address: _____

Please have carts at the curb the night before you are requesting the stop service. Your carts will be serviced as normal on your last service day and a second truck will remove the carts later that day. Billing will continue until ALL carts are removed.

If available, please provide serial numbers of carts you have. Numbers are located on the side of the carts.

(example: G35 000012):

Table with 2 columns: Label (Garbage cart serial #, Recycle cart serial #, Greenwaste cart serial #) and Serial #.

If available, please provide serial numbers of carts you have. Numbers are located on the side of the carts.

(example: G35 000012):

Table with 2 columns: Label (Garbage cart serial #, Recycle cart serial #, Greenwaste cart serial #) and Serial #.

Please provide a forwarding address for a final statement of account. If you are on paperless billing, please list the email address your bills should be sent to. If you would like to have paperless billing for your final statement, please checkmark the box that applies below and provide a valid email address:

Email address:

Table with 3 columns: Billing preference (I have paperless billing already, I would like paperless billing for final statement), checkbox, and email address.

Forwarding Address: _____

If you have a credit on your account a refund check will be mailed within one quarter after date the service is stopped.

Signature: _____ Date: _____

OFFICE USE ONLY: Sign after completion: _____ Date: _____

- Checkboxes for: Email confirmation sent, Form filled out via phone, Vacant account created, Refund note added (if applicable)