



Mille Lacs Band of Ojibwe

Request for Termination of Waste Disposal Service

Applicant MLB Enrollment # _____ Co-Applicant Enrollment # _____

Full Legal Name of Applicant SSN Date of Birth Telephone #

Full Legal Name of Co-Applicant SSN Date of Birth Telephone #

Service Address City State Zip Code

Week that garbage can may be retrieved by Public Works from the above service address: _____

Updated Mailing Address City State Zip Code

Terminating Service Conditions:

1. Customer is responsible for requesting termination of their service and return of their can to the Mille Lacs Band Public Works Department. A signed request form for termination of service must be completed and turned into the Mille Lacs Band of Ojibwe Public Works Department. An updated mailing address must be supplied when terminating service for those customers with an outstanding balance; otherwise payment will be due in full.
2. In the event that the customer does not supply an accurate mailing address, this application will serve as the Mille Lacs Band of Ojibwe Public Works Department's release of information form to obtain information from the Mille Lacs Band of Ojibwe Enrollments Department.

I certify that the above information is complete and accurate, and give permission to the Mille Lacs Band Public Works to verify the information I have provided. I understand and agree with the above outlined conditions.

Applicant Signature Date

Co-Applicant Signature Date

***Application will not be accepted without signature.**