



CITY OF EL MONTE  
REQUEST FOR DISCONTINUANCE OF WASTE AND RECYCLING SERVICE

Please inform (check box that applies):  NEW APPLICATION  RENEWAL

I declare that collection of waste and recycling from the property located at the address of: \_\_\_\_\_  
\_\_\_\_\_ is unnecessary due to the following reason:  
\_\_\_\_\_  
\_\_\_\_\_

Date Property was Vacated: \_\_\_\_\_

**If the date that the property was vacated has passed, a copy of a utility bill showing low or no usage or a closing statement may be required to process your request. If this discontinuance is due to the property being sold, provide proof of the date of escrow closing for verification.**

I request that waste and recycling service of said property referenced above to be discontinued. I hereby certify that if this request is approved, no rubbish, yard waste, trash or garbage will be allowed to accumulate or be stored on the above listed property for over seven days. The property will be properly maintained, kept free of weeds, waste, recycling and structures. Failure to maintain the property will cause waste and recycling service billing to resume.

Please specify (check box that applies):  OWNER of PROPERTY or  TENANT

If you checked TENANT, please provide owner's contact information: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Information:**

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mailing address, City, and Zip Code

**(FOR OFFICE USE ONLY)**

Verified by: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_ Application not approved for the following reasons:

\_\_\_\_\_  
(DATE)

\_\_\_\_\_ Application approved effective: \_\_\_\_\_

Approved By:

This approval expires on \_\_\_\_\_ or when occupied  
**(Renewal is NOT automatic. Applicant must submit a renewal application if discontinuance is required after expiration date shown above.)**

\_\_\_\_\_  
Valley Vista Services Representative

