



**SAINT PAUL
MINNESOTA**

**City of Saint Paul
Citywide Garbage Service**



Date Received: _____

Approved: _____

Denied: _____

For Office Use Only

Application for Temporary Service Hold

A Service Hold is allowed for suspending garbage services due to an extended absence of at least four (4) consecutive weeks from your residence for vacation, medical reason or other valid reason. It is not a legitimate absence to apply for a Service Hold to avoid required garbage service. A Service Hold may not be used to share garbage services with another unit or property. All residential properties with 1-4 units must each have service and a garbage cart per unit.

To be eligible for a Service Hold, the request must meet the following additional requirements:

- You must place the Service Hold request with your hauler at least two (2) weeks in advance of the requested start date of the Service Hold.
- The length of time for the Service Hold request must be at least four (4) consecutive weeks minimum, but no more than 26 weeks per year.
- An RDU may only be placed onto a Service Hold up to two (2) occurrences per calendar year, and the total time service is on hold cannot exceed 26 weeks in the calendar year.

Address of the property for which a Service Hold is requested:

Unit # (if applicable): _____

Name of person requesting Service Hold: _____

Phone number: _____ **Email:** _____

Name of property owner: _____

Address of property owner (if different than address for which Service Hold is requested):

What is the time frame for the Service Hold request? *(Must be submitted 2 weeks prior to start of Service Hold)*

Start date: _____ End date: _____

As evidenced by my signature below, I hereby represent, warrant, and certify to the city of Saint Paul that I am seeking suspension of my garbage collection services for the dates listed above for vacation or other traveling; temporary employment relocation; temporary education relocation; extended absence from home due to health reasons; or other similar temporary absence as required by the City of Saint Paul Program and not to avoid paying for garbage collection.

Certification: I certify by submitting this application that the Service Hold being requested meets the stated requirements of a Service Hold, under penalty of the City of Saint Paul City Code of Ordinances.

Signature: _____ **Date:** _____

You will be contacted within seven (7) business days of receipt of your application with approval or denial or request for additional information.

Please return this form via mail

Saint Paul Public Works Solid Waste & Recycling Facility
60 W Sycamore Ave, Saint Paul, MN 55117