

**CITY OF CHILLICOTHE
GARBAGE EXEMPTION FORM**

Date: _____

I, _____, am applying for
exemption from the City of Chillicothe garbage collection service at:

_____ for the following reason:

This request is made in accordance with the City of Chillicothe's Ordinance # 86-89. The Office of the city Service Director will be immediately notified of any change in this request.

Signature

Address

City, State, Zip

Telephone Number

Account Number