

**CASHEL TOWN COUNCIL**

**REQUEST FOR DISCONTINUATION OF REFUSE COLLECTION**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. LOCATION OF PREMISES: \_\_\_\_\_

4. ACCOUNT NO: \_\_\_\_\_

**I confirm that I do not wish to avail of the refuse collection service of Cashel Town Council.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_