



Customer Billing Office
 228 S. Massachusetts Avenue
 Lakeland, FL 33801-5086
 (863) 834-8276 TDD 834-9333
 Fax (863) 834-8281

NO LONGER THAN 7 MONTHS

REQUEST FOR SOLID WASTE SEASONAL RATE

Listed below are the stipulations for utilizing the reduced Solid Waste seasonal rate form:

1. Must mail form prior to leaving Lakeland. If time doesn't allow, customer will have to come in prior to leaving and fill out a form at Finance Customer Billing (City Hall).
2. Must be gone at least 90 days with intent to return. This rate is not to be used when selling or renting a home.
3. Can be used for only one location.
4. **Please be advised that if evidence exists that service is being provided; back billing will occur and the reduced rate will no longer be applicable.**
5. **Please keep in mind this is a Seasonal Rate and is not intended for year round vacancy and should not be submitted more than once in a calendar year.**

CUSTOMER NAME _____

CUSTOMER ACCT. NUMBER _____

LAKELAND ADDRESS _____

LAKELAND PHONE _____

OUT OF STATE ADDRESS _____

OUT OF STATE PHONE _____

LEAVE DATE ____/____/____ RETURN DATE ____/____/____
 Month Day Year Month Day Year

**Must have Month, Day and Year filled out. Must be a minimum of 90 days.
 (Even if approximations)**

**If there are any variations made to the aforementioned dates, please
 respond in writing to the above address.**

**Please Note: If all utilities are turned off by the City of Lakeland,
 no Solid Waste will be charged.**

The Seasonal reduced rate is half of the regular Solid Waste/Recycling charge.

CUSTOMER SIGNATURE _____ DATE _____

(must be account holder)

ORIGINAL – City of Lakeland

YELLOW – Customer Copy