

**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