

VILLAGE OF ALMONT
817 N. Main Street
Almont, MI 48003
810-798-8528

Senior Garbage Collection

I hereby request a refund of Garbage Collection as I will be away during the months of

Depart date _____ Return date _____

I certify I am the homeowner and I am at least 60 years of age.

Name _____

Address _____ Phone # _____

Address and Phone number where I can be reached during my absence:

If Applicable name, address, and phone number of the person/persons checking on my home during my absence: _____

Signature of Homeowner _____



Ordinance 140-1 amended:

Almont ordinance state senior residents must be gone 3 months or longer to receive the garbage pickup refund. Refunds are in full month increments.

Office use Only:

101-000-609-Garbage \$ 13.05

Refund Amount _____

Approved by _____

Date: _____