



# Village of Morton Grove

## Finance Department

\*\*\* STOP / RESTART SERVICE REQUEST → GROOT SERVICE \*\*\*

CUSTOMER NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

STOP DATE: \_\_\_\_\_

RESTART DATE: \_\_\_\_\_

PLEASE NOTE: INTERRUPTED SERVICE IS FOR THE ENTIRE MONTH, BEGINNING ON THE FIRST, AND CANNOT BE PRORATED

STOP REQUEST: 2 WEEKS NOTICE REQUIRED.

MINIMUM: 1 MONTH

MAXIMUM: 4 MONTHS

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE

\*\*\* THE FORM SHOULD BE MAILED OR DELIVERED TO THE ADDRESS BELOW,  
ATTN: FINANCE DEPARTMENT\*\*\*\*\*