

**Utility Suspension Work Order**

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**City of Raymore**

**Application to suspend trash service**

Date suspension Requested: \_\_\_\_\_

Restart service date: \_\_\_\_\_

Name: \_\_\_\_\_

Service  
Address: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please note the reason for the suspension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I acknowledge that the above information is true and correct and I hereby apply for a suspension of trash service. I agree that if during this time frame the City notices water usage, the suspension of service will be cancelled and billing will resume.