

**VILLAGE OF LIBERTY  
SANITATION OPT-OUT FORM**



Property Owner(s) Name: \_\_\_\_\_  
Company Name (If Applicable): \_\_\_\_\_  
Physical/Service Address: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address (If Different From Above): \_\_\_\_\_

**Please check the following:**

\_\_\_ I hereby request that the commercial and/or residential unit(s) located at the above street address be removed from solid waste collection and disposal services provided by the Village of Liberty and from the annual sanitation fee charged for such services.

\_\_\_ I hereby state that weekly solid waste collection and disposal services have been arranged for each of the commercial and/or residential units located at the above location of property, as evidenced by the attached document(s). (You must attach a copy of your weekly pickup schedule showing the day(s) of collection).

\_\_\_ I hereby understand that I must notify the Village of Liberty immediately if my pickup schedule should change or stop.

\_\_\_ I hereby acknowledge that if the Village of Liberty provides collection services for one or more of the commercial and/or residential units located at the above property location address, that I shall be liable to pay the Village a collection fee or such amount as the Village of Liberty shall establish for each collection.

\_\_\_ I hereby understand that I am still required to follow the rules and regulations as set forth in the Village Code.

\_\_\_ I hereby understand that I am required to pay a yearly opt out fee that shall be included in my annual Village tax bill.

Request Effective Date: \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE**

Date Received: \_\_\_\_\_ Effective Opt-Out Date: \_\_\_\_\_ Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_  
Total Annual Fee                      365 Days/Year                      Rate/Day

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Rate/Day                      Pro-Rated # of Days                      Amount of Reimbursement

DPW Supervisor Signature: \_\_\_\_\_

Code Enforcement Officer Signature: \_\_\_\_\_

Village Clerk Signature: \_\_\_\_\_