



Dear Butler Township Resident,

Enclosed is the copy of article 5.4 of our service agreement with contracted trash hauler concerning seasonal suspension. Please be advised the maximum leave is 16 weeks: minimum is 4 weeks, once per 12 months.

Resident Name _____

Service Address _____

Phone # _____

Date Leaving _____

Date Returning _____

VACATION ADDRESS:

If you have any questions about this request please call 937- 898-6735, ext.1119.
E-mail: pluke@butlertownship.com

Thank you,

Pam Luke

For office use only

Account # _____

Credit amount \$ _____

- Add to Master List
- Faxed to Hauler

Butler Township Refuse Department
 3510 Sudachi Dr.
 Dayton Ohio 45414
 Fax 937-898-5308/ email pluke@butlertownship.com