## **CEREDIGION COUNTY COUNCIL**

## **Cancel an Assisted Waste Collection**

Customer number, if known
Name
Full postal address
Telephone number
E-mail address
I confirm that the assisted waste collection service is no longer required for the above property
Signature

## Please return this form to:

Waste Management Team

**Technical Services** 

Penmorfa

Aberaeron

**CEREDIGION** 

SA46 0PA