DECLARATION TO OPT OUT FOR SOLID WASTE SERVICES – 2026 PROVIDED BY THE TOWNSHIP OF BRUNSWICK HILLS

To opt out of solid waste services provided in Brunswick Hills Township, I hereby file this declaration stating such. In order to continue, declarations must be renewed annually, no later than January 31, beginning with 2026.

You may deliver, in person, by email, or by mail, your original declaration, to the following address. Our office will review this form, and approval will be determined on a case-by-case basis. Our office will review this form, and approval will be determined on a case-by-case basis. Office hours are Monday-Friday 7 AM-3 PM.

Ellen Young , Brunswick Hills Police Department
505 Substation Road
Brunswick Hills, Ohio 44212
Phone: (330) 225-8300 Fax: 330-273-2721
Email: eyoung@brunswickhillspolice.com

Resident's Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

Reason for Opting Out (**check one**):

- ☐ I receive commercial solid waste service on my property for my business.
- ☐ I own my own business, or have the permission of the business owner, as evidenced by the owner's signature below, and will be using the commercial solid waste service at that location.
- ☐ I will be utilizing the solid waste services provided by the Medina County Solid Waste District.

By signing my name below, I agree that I am not utilizing Brunswick Hills Township's solid waste services, including recycling services, and have other means of disposing such solid waste. I am prohibited from utilizing another residential solid waste collection service at my residence. If, at any time, if there is cause to believe that solid waste is not being disposed of in accordance with this affidavit, Brunswick Hills Township will notify me in writing of such and solid waste services shall be imposed on me.

Resident's Signature: _____ Date: _____

FOR BRUNSWICK HILLS TOWNSHIP (TRUSTEE) USE ONLY:

Review Date: _____*, 2025* _____ *Request Approved* _____ *Request Denied*

Brunswick Hills Township Trustee Signature: _____

DECLARATION TO OPT OUT FOR SOLID WASTE SERVICES – 2027 PROVIDED BY THE TOWNSHIP OF BRUNSWICK HILLS

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Email: eyoung@brunswickhillspolice.com

Resident's Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

Reason for Opting Out (**check one**):

☐ I receive commercial solid waste service on my property for my business.

☐ I own my own business, or have the permission of the business owner, as evidenced by the owner's signature below, and will be using the commercial solid waste service at that location.

☐ I will be utilizing the solid waste services provided by the Medina County Solid Waste District.

By signing my name below, I agree that I am not utilizing Brunswick Hills Township's solid waste services, including recycling services, and have other means of disposing such solid waste. I am prohibited from utilizing another residential solid waste collection service at my residence. If, at any time, if there is cause to believe that solid waste is not being disposed of in accordance with this affidavit, Brunswick Hills Township will notify me in writing of such and solid waste services shall be imposed on me.

Resident's Signature: _____ Date: _____

FOR BRUNSWICK HILLS TOWNSHIP (TRUSTEE) USE ONLY:

Review Date: _____*, 2025* _____ *Request Approved* _____ *Request Denied*

Brunswick Hills Township Trustee Signature: _____

DECLARATION TO OPT OUT FOR SOLID WASTE SERVICES – 2028 PROVIDED BY THE TOWNSHIP OF BRUNSWICK HILLS

To opt out of solid waste services provided in Brunswick Hills Township, I hereby file this declaration stating such. In order to continue, declarations must be renewed annually, no later than January 31, beginning with 2026.

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Brunswick Hills, Ohio 44212
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Email: eyoung@brunswickhillspolice.com

Resident's Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

Reason for Opting Out (**check one**):

- ☐ I receive commercial solid waste service on my property for my business.
- ☐ I own my own business, or have the permission of the business owner, as evidenced by the owner's signature below, and will be using the commercial solid waste service at that location.
- ☐ I will be utilizing the solid waste services provided by the Medina County Solid Waste District.

By signing my name below, I agree that I am not utilizing Brunswick Hills Township's solid waste services, including recycling services, and have other means of disposing such solid waste. I am prohibited from utilizing another residential solid waste collection service at my residence. If, at any time, if there is cause to believe that solid waste is not being disposed of in accordance with this affidavit, Brunswick Hills Township will notify me in writing of such and solid waste services shall be imposed on me.

Resident's Signature: _____ Date: _____

FOR BRUNSWICK HILLS TOWNSHIP (TRUSTEE) USE ONLY:

Review Date: _____*, 2025* _____ *Request Approved* _____ *Request Denied*

Brunswick Hills Township Trustee Signature: _____

DECLARATION TO OPT OUT FOR SOLID WASTE SERVICES – 2029 PROVIDED BY THE TOWNSHIP OF BRUNSWICK HILLS

To opt out of solid waste services provided in Brunswick Hills Township, I hereby file this declaration stating such. In order to continue, declarations must be renewed annually, no later than January 31, beginning with 2026.

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Brunswick Hills, Ohio 44212
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Email: eyoung@brunswickhillspolice.com

Resident's Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

Reason for Opting Out (**check one**):

- ☐ I receive commercial solid waste service on my property for my business.
- ☐ I own my own business, or have the permission of the business owner, as evidenced by the owner's signature below, and will be using the commercial solid waste service at that location.
- ☐ I will be utilizing the solid waste services provided by the Medina County Solid Waste District.

By signing my name below, I agree that I am not utilizing Brunswick Hills Township's solid waste services, including recycling services, and have other means of disposing such solid waste. I am prohibited from utilizing another residential solid waste collection service at my residence. If, at any time, if there is cause to believe that solid waste is not being disposed of in accordance with this affidavit, Brunswick Hills Township will notify me in writing of such and solid waste services shall be imposed on me.

Resident's Signature: _____ Date: _____

FOR BRUNSWICK HILLS TOWNSHIP (TRUSTEE) USE ONLY:

Review Date: _____*, 2025* _____ *Request Approved* _____ *Request Denied*

Brunswick Hills Township Trustee Signature: _____