**Assisted Collection Cancellation Form**

# Personal details

|  |  |
| --- | --- |
| **Title:** |  |
| **First name:** |  |
| **Surname:** |  |
| **Address:** |  |

## Declaration:

By completing this form I understand that the assisted collection service for the above address will be cancelled.

I declare that the information on this form is true and accurate.

**Signature:**

**Date:**

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## Completed Forms

Thank you for completing the assisted collection cancellation form.

If you have printed this form to complete by hand, please return your completed form to:

**Recycling and Waste (Customer Fulfilment)**

**Buckinghamshire Council,**

**The Gateway,**

**Gatehouse Road,**

**Aylesbury,**

**Bucks,**

**HP19 8FF.**