



GARBAGE COLLECTION UPDATE ACCOUNT INFORMATION

Last Name: _____ First Name: _____

Service address: _____

Billing address: _____ (City/State/Zip)

Telephone: _____ Cell: _____ Work: _____

Account Number: _____

Number of carts at address currently?

- :One
 :Two
 :Three

Number of additional carts?

- :One
 :Two

Close Account? Yes / No

Reason for closing account:

**[] PLEASE KEEP MY ACCOUNT INFORMATION CONFIDENTIAL
AFTER ACCOUNT IS CLOSED.**

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Trash Bill paid in full: Yes / No Balance: _____

Account Number:
(For tracking purposes of existing properties): _____

Cart #(s) _____

Original Deposit Amount: _____

Deposit Return Check # _____ Deposit Sent: _____