



## 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: \_\_\_\_\_