

CANCELLING TRASH SERVICE

Must submit to confirm no future billings after closing account.

Date _____ Date to Close: _____

Physical Address to be closed: _____

Name on Acct: _____

Name of Person Closing Account: _____
(If different than Name on Account)

Forwarding Address: _____

Phone Number: _____

Email: _____

Reason for Closing Account: _____

Additional Comments: _____

Signature: _____

Please give us a call at 501-622-3658 with any questions you may have.

(Office Use Only)

Account # _____

Property # _____

End Date _____

Zone/Day _____

PIN # _____

Cart # _____ Inactive _____

Initials _____

WO # _____

Deposit Checked _____ Scanned _____