

CITY USE ONLY: Received by: \_\_\_\_\_ Date: \_\_\_\_\_



## CHANGE REQUEST FORM

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder Requesting Change: \_\_\_\_\_

Address for Change Request: \_\_\_\_\_

**Request:**       Close Account                       Transfer Service

Increase garbage service by + \_\_\_\_ = \_\_\_\_       Decrease garbage service by - \_\_\_\_ = \_\_\_\_

Mailing address change: New Address: \_\_\_\_\_

Account name change: (will need copy of marriage certificate or divorce decree)

Current: \_\_\_\_\_ New: \_\_\_\_\_

Other: \_\_\_\_\_

Phone number: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

**\*\*\*\*\*If Requesting to Have Account Closed or Transferred, Please Specify the Following\*\*\*\*\***

Date for Closure: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

CITY USE ONLY: Changes processed on account by: \_\_\_\_\_ Date: \_\_\_\_\_

FILE FORM WITH UTILITY CARD ONCE COMPLETE