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## **GUAM SOLID WASTE AUTHORITY**

www. Guam Solid Waste Authority. org

## **REGISTRATION FORM**



CANCELLATION
Account #:
Effective Date:
Cart No.:
Cancellation Reason:
Customer Signature:
CSR Initials:

ACCOUNT No.	

## **ACCOUNT INFORMATION (Please Print)**

Last	First		Middle Initial	
ervice Address:	House Number	Street Name		
	nouse number	Street Name		
Village			Zip Code	
lailing/Billing Addı	ress:			
	House Number	Street Name		
Village			Zip Code	
elephone:				
Hon	ne Cell	Work	Other	
nail Address:				
nployer:				

	Customer Resid	dential Map	ACCOUNT No.
NEW TERMINATIO	ON RESTORATION	REDELIVERY	RESCAN ASSESSMENT
Customer Name: (Last)	(First)	(MI)	(1) Tel #:
(Physical) Home Address: Color of House:			2-Storey House  Other:
Closest Landmarks:		Type of House:	Concrete Semi-Concrete Wood Tin  Other

For GSWA Official Use:
GSWA CSR Verified & Approved By:\_\_\_\_\_\_ Date:\_\_\_\_\_