

**GUAM SOLID WASTE AUTHORITY**  
www.GuamSolidWasteAuthority.org  
**REGISTRATION FORM**



<b>CANCELLATION</b>	
Account #:	_____
Effective Date:	_____
Cart No.:	_____
Cancellation Reason:	_____ _____
Customer Signature:	_____
CSR Initials:	_____

ACCOUNT No. \_\_\_\_\_

**ACCOUNT INFORMATION (Please Print)**

<b>Name:</b> _____			
Last	First	Middle Initial	
<b>Service Address:</b> _____			
House Number	Street Name		
_____			
Village		Zip Code	
<b>Mailing/Billing Address:</b> _____			
House Number	Street Name		
_____			
Village		Zip Code	
<b>Telephone:</b> _____			
Home	Cell	Work	Other
<b>Email Address:</b> _____			
<b>Employer:</b> _____			

\_\_\_\_\_  
Customer Signature                      Date

\_\_\_\_\_  
CSR Initials                                      Date

