Paseo Del Este Municipal Utility District No. 1

El Paso Disposal LP
WE REALLY MOVE OUR CAN FOR YOU!

START/END DATE:
____/____/____

Name:

Address:

Phone Number:

Email:

Forwarding Address [if canceling services]:

☐ **Deliver**

☐ **Cancel**

**Customer will be responsible for all services billed until written notice of cancellation is received. **

Upon cancellation of service, the customer must leave the provided container in the garage. Failure to comply will result in a charge for the container.

Signature _____ **Date** _____

OFFICE USE ONLY:

Previous owner or tenant:

Date of Cancellation: