



North Central Solid Waste Authority

P O Box 1230
2016 North Riverside Drive
Española, NM 87532
(505) 747-8459 • (505) 747-8464 fax

RECEIVED DATE &
RECEIVED BY

CHANGE OF SERVICE REQUEST

PLEASE PRINT

Account No. _____

Customer Name: _____

Mail bill to: _____

City _____ **State** _____ **Zip** _____

Phone # _____ **Cell no.** _____

COMMERCIAL ACCOUNT

RESIDENTIAL ACCOUNT

Physical Address _____

Located @ _____

CURRENT SERVICE IS: _____

Rate is _____

CHANGE TO: _____

Rate is _____

Comments: _____

EFFECTIVE DATE OF CHANGE: _____

OFFICE USE ONLY

Work order for changes _____

Entered/completed by: _____ **Date:** _____

I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge. And that I will accept responsibility for all charges and fees due, and I am authorized to make such changes. I further understand that changes may be delayed in processing or denied if the information provided is incomplete or inaccurate.

Owner: _____ **Date:** _____