



# North Central Solid Waste Authority

P O Box 1230  
410 S. Paseo de Onate  
Española, NM 87532  
(505) 747-8459 • (505) 747-8464 fax

## CHANGE OF SERVICE REQUEST

RECEIVED DATE &  
RECEIVED BY

**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: \_\_\_\_\_