



**CITY OF SANTA FE
REFUSE AND RECYCLING
CHANGE OF SERVICE REQUEST**



WO# _____

BUSINESS NAME: _____

PHONE #: _____ **ACCOUNT #** _____ **DATE OF REQUEST:** _____

SERVICE ADDRESS: _____

REQUESTED BY PRINTED NAME: _____

REQUESTED BY SIGNATURE: _____ **DATE:** _____

TYPE OF SERVICE, SIZE AND AMOUNT OF DUMPSTERS OR TRASH BINS REQUESTED

FRONTLOAD: _____

CARDBOARD: _____

REARLOAD: _____

ROLL OFF: _____

RECYCLE: _____

PLEASE CIRCLE SERVICE DAY (S) REQUESTED

MON TUES WED THURS FRI SAT 24 HOUR

COMMENTS OR SPEICAL INSTRUCTIONS: _____

Pricing

Refuse rental	Refuse Service	Recycling Rental	Recycling Service	Cardboard Rental	Cardboard Service

ACTION TAKEN: _____

BY: _____ **DATE:** _____