CITY OF LAKE DALLAS RESIDENTIAL ACCOUNT CANCELLATION
TRASH / RECYCLE COLLECTION

VERIFY DRIVER'S LICENSE OR PERSONAL I.D.

(Account Balance should be paid in full when canceling account.)

Resident Name: _____
(Last) (First)

DOB: _____
Month/Day/Year

HM#: _____ CELL#: _____

Email Address: _____

Driver's License #: _____ State: _____

Service Address: _____
Please Check: ( ) Own or ( ) Renting

Forwarding Address: _____

_____

Reason for Canceling Account:

( ) Moving ( ) Sold Property ( ) Other: _____

Date the Service should be cancelled: _____

Property Owner's Information (if renting):

Name: _____ Phone Number: _____

Mailing Address: _____

Resident's Signature: _____ Date: _____

CITY USE ONLY

Date Received: _____ Account Number: _____