



RESIDENTIAL GARBAGE & RECYCLING SERVICE
RESIDENT MOVE-OUT FORM

Today's date: _____

Windcrest Address: _____

Name on Account: _____

Daytime Phone #: _____

Date to discontinue service: _____

Owner _____ Renter _____

HOMEOWNER MUST MAINTAIN SERVICE UNTIL THE HOME IS SOLD OR RENTED

**A refund/pro-rated bill, if applicable, will be mailed to your forwarding address if it has been provided below.*

Forwarding address:

Signature

PLEASE SUBMIT THIS FORM WITH A COPY OF YOUR DRIVER'S LICENSE OR ID CARD TO UTILITIES@WINDCREST-TX.GOV OR IN PERSON AT CITY HALL

For office use only, do not write below this line.

Acct #: _____

Balance Owed: _____ Refund Amount Due: _____

Received by: _____ Date: _____

Questions or concerns call 210-655-0022 ext. 1053