

**RESIDENTIAL GARBAGE & RECYCLING SERVICE**

**RESIDENT MOVE – OUT FORM**

Today's date \_\_\_\_\_

Primary/co-applicant name on acct \_\_\_\_\_

Windcrest Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Date home was sold \_\_\_\_\_

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.**

\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant  \_\_\_\_\_

**For office use only, do not write below this line** \_\_\_\_\_

Account # \_\_\_\_\_ Refund \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_