

REQUEST TO TERMINATE SERVICE

Name account is under _____

Service address _____

I wish my last collection day to be _____
Month Day Year

Please provide a mailing address **OR** e-mail address for your FINAL BILL to be sent. We bill AFTER the service, not in advance.

Street or P.O. Box

City

State

ZIP

OR

E-Mail Address _____

Date

Signature

Daytime Phone

Pullman Disposal Service
509-334-1914/509-334-5268 (FAX)
135 NW Harold Drive, PO Box 619
Pullman, WA 99163
contact@pullmandisposal.com

Please leave your rollcart at the street on your last collection day and someone will be by the following day to remove it.