



**CITY OF LAKE DALLAS**  
**SOLID WASTE / RECYCLING COLLECTION ACCOUNT CANCELLATION**

**Resident Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**DOB:** \_\_\_\_\_  
Month/Day/Year

**Driver's License/State ID #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**CELL#:** \_\_\_\_\_ **HM#:** \_\_\_\_\_

**Service Address:**

\_\_\_\_\_

**Forwarding Address: (Where refund will be sent, if applicable)**

\_\_\_\_\_

\_\_\_\_\_

**Reason for Cancelling Account:**

Moving     Sold Property     Other: \_\_\_\_\_

**Date the Service should be cancelled:** \_\_\_\_\_

**Note: The carts should be left at the curb to be removed from the residence after the service has been cancelled.**

\_\_\_\_\_  
**Signature of account holder**

\_\_\_\_\_  
**Date**

-----  
**CITY USE ONLY**

Date Received: \_\_\_\_\_ Account Number: \_\_\_\_\_