

CITY OF ESCALON
SERVICE CHANGES

Account # _____ Date _____

Name _____ Phone # _____

Service Address _____

Type of Change: _____ Name Change to _____

_____ Change of mailing address to _____

_____ Additional 90 gallon container

_____ Discontinue garbage until further notice-vacation/ house vacant

_____ Exchange 60 gallon container for a 90 gallon

_____ Exchange 90 gallon container for a 60 gallon

_____ Other – Please specify below

Signature: _____ City EE Initials: _____ Date Completed: _____

Please return form to: 2060 McHenry Ave OR fax the form to: 209.691.7409
Escalon CA 95320 OR email the form to: utilities@cityofescalon.org