



SOLID WASTE MANAGEMENT DIVISION

www.guamsolidwastereceiver.org

REGISTRATION FORM

FOR SWMD USE ONLY

ASSESSED BY _____

APPROVED BY _____

DATE _____

ACCT. NO. _____

FIELD RECORD _____

SERVICE LOCATION DESCRIPTION _____

ACCOUNT STATUS

Are you currently receiving trash pick-up service? Yes No Account No. (if known) _____

ACCOUNT INFORMATION (please print)

Name _____
LAST FIRST MIDDLE INITIAL

Service Address _____
HOUSE NUMBER STREET NAME

VILLAGE ZIP CODE

Mailing/Billing Address _____
HOUSE NUMBER OR P.O. BOX NUMBER STREET NAME

VILLAGE ZIP CODE

Telephone _____
HOME CELL WORK OTHER

E-mail Address _____

Employer _____

Please bring photo identification when you register.

SIGNATURE

DATE

CUSTOMER SERVICE REPRESENTATIVE

DATE