



City of Eloy

FINANCE DEPARTMENT CONTAINER UP/DOWN SIZE FORM

Phone: (520)464-3401

Fax: (520)466-3760

DATE: _____ ACCOUNT #: _____

I _____ REQUEST TO UP/DOWN SIZE

THE CURRENT TRASH CONTAINER FROM A:

(Circle One)		(Circle One)
90 gallon 300 gallon containers 450 gallon containers 2 yard containers 3 yard containers 4 yard containers 6 yard containers 8 yard containers	TO A	90 gallon 300 gallon containers 450 gallon containers 2 yard containers 3 yard containers 4 yard containers 6 yard containers 8 yard containers

AT THIS LOCATION: _____

AS OF THIS DATE: _____

SIGNATURE: _____

AGENT: _____