



GUAM SOLID WASTE AUTHORITY REGISTRATION FORM

Required Documents for Registration	Trash Service Pricing & Additional Fees														
Please provide one (1) of the following with a valid photo ID: <ul style="list-style-type: none">Proof of Property Ownership – Deed or Title (Must include house/building or unit number)Rental or Lease AgreementGuam Power Authority/Guam Waterworks Authority bill (Current and in your name, lot numbers not accepted) <p style="text-align: center;">Valid Photo ID Requirements State Driver's License, State ID, or U.S. Passport</p>	<table><tr><td>One (1) 95-Gallon Trash Bin</td><td>\$35.36/month</td></tr><tr><td>Two (2) 95-Gallon Trash Bins</td><td>\$50.36/month</td></tr><tr><td>Restoration Fee</td><td>\$50.00</td></tr><tr><td>Reactivation Fee</td><td>\$50.00</td></tr><tr><td>Trash Tags (Per Tag)</td><td>\$4.00</td></tr><tr><td>Bulky Waste (Non-Customer)</td><td>\$25.00</td></tr><tr><td>Replacement Bin Fee</td><td>\$74.75</td></tr></table>	One (1) 95-Gallon Trash Bin	\$35.36/month	Two (2) 95-Gallon Trash Bins	\$50.36/month	Restoration Fee	\$50.00	Reactivation Fee	\$50.00	Trash Tags (Per Tag)	\$4.00	Bulky Waste (Non-Customer)	\$25.00	Replacement Bin Fee	\$74.75
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ACCOUNT INFORMATION

ACCOUNT NO.	_____		
NAME:	_____		
	Last	First	Middle Initial
SERVICE ADDRESS:	_____		
	House Number	Street Name	

	Village	Zip Code	
MAILING ADDRESS:	_____		
	House Number	Street Name	

	Village	Zip Code	
TELEPHONE:	_____		
	Home	Mobile	Other
EMPLOYER:	_____	E-MAIL:	_____
If applicable, would you be interested in having a recycling bin? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Notice: The undersigned acknowledges responsibility for all services rendered at the specified service address until a written request for termination is submitted to the Guam Solid Waste Authority (GSWA). Furthermore, the customer or entity agrees to pay all applicable fees associated with these services and to comply with the terms and conditions set forth by GSWA.

Customer Signature _____ Date _____

GSWA Representative _____ Date _____

CANCELLATION (FOR OFFICIAL USE ONLY)

EFFECTIVE DATE: _____

CART(S) AND REMOVAL DATE: _____

REASON: _____

FINAL BALANCE DUE: _____

CSR INITIALS: _____

CUSTOMER SIGNATURE: _____

CUSTOMER RESIDENTIAL MAP

ACCOUNT NO. _____

☐ NEW ☐ SITE ADDRESS CHANGE ☐ TERMINATION ☐ REDELIVERY ☐ ASSESSMENT

CUSTOMER NAME: _____
Last First Middle Initial

SERVICE ADDRESS: _____
House Number Street Name Village

COLOR OF HOUSE: _____ **TRIMMING:** _____

NUMBER OF STOREYS: ☐ 1-STOREY HOUSE ☐ 2-STOREY HOUSE ☐ OTHER: _____

TYPE OF HOUSE:
☐ CONCRETE ☐ SEMI-CONCRETE ☐ WOOD ☐ TIN ☐ OTHER: _____

CLOSEST LANDMARKS: _____ **HOUSE NUMBER DISPLAYED ON HOUSE?** ☐ YES ☐ NO

Service Address Map

(Please include landmarks and street names)

For GSWA Official Use

Issued Trash Tags: _____

☐ In-Person Registration | ☐ Email Registration