

Phone: (724) 625-1511 Fax: (724) 625-3750 121 Brickyard Road Mars, PA 16046

www.vogeldisposal.com

DISPOSAL SERVICE, INC.

Co-Cust#: (this is the 10-digit number on your stat	 ement)		Cart #:		
Account Name:	First	Middle Initial	Last		
Complete Service Address:	House #	Street Name			Apt./Unit #
City:			ZIP:		
f applicable name at the entrance of yo Housing Plan, Town Home or Mo		:			
*Required: Municipality: (Borough, City or Township where			County:		
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Complete Billing Address: (if different from above)	House # Street Na	me	7IP·	Apt./Unit #	
Complete Billing Address: (if different from above) City:	House # Street Na	me State:			
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Complete Billing Address: (if different from above) City: Email address: I would like to receive my boilling@vogeldisposal.com. If yo	House # Street Na ill via Email. By selecting do not receive your o	state: g this option, quarterly state: Cell Pho	your next staten ment, please che	nent will be sent to yoeck your spam/detain	ou from ed folder.
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Please remit payments to: Vogel Disposal Service, Inc PO BOX 857 Mars, PA 16046