



REQUEST TO CHANGE SURCHARGE AMOUNT

This signed document supersedes all prior documents pertaining to the surcharge amount for this account location. All other components of prior contracts and agreements shall remain in effect and not change. Surcharge amount change is effective on the date signed.

Account: Location Name _____

Address _____

City _____ Zip _____

Amount: Current Surcharge \$ _____

New Surcharge \$ _____

Signature _____ **Date** _____