

CITY OF SMITHS STATION
SOLID WASTE SERVICES APPLICATION

P. O. BOX 250
2336 LEE ROAD 430
(334) 297-8771 FAX (334) 448-8422

OWNER OF PROPERTY

ACCOUNT# _____

(Please Print)

Name: _____

Physical Address: _____

Mailing Address: _____

Home #: _____ Work #: _____ Cell #: _____

Social Security# _____ Social Security# _____

PLEASE PROVIDE A COPY OF WARRANTY DEED AND DRIVER'S LICENSE

RATES & CHARGES FOR SOLID WASTE COLLECTION

All payments for services will be due on a quarterly basis.

\$30.00 one time set up fee per unit

\$61.20 per quarter (\$20.40 per month)

\$36.00 per quarter for additional canister (\$12.00 per month-Optional)

Such payments shall be due by the first day of each quarter and shall be delinquent after 15 days from the due date. A late fee of 15% shall be assessed. After 45 days from the due date, a late fee of an additional 15% shall be assessed.

I _____ owner of the above physical property understand that I am responsible for the Solid Waste fees for this account. It is also my responsibility as the owner to inform the City of Smiths Station when this physical property becomes vacant. I understand all terms and agreement of this application.

Owner's

Signature: _____ Date: _____

TENANT INFORMATION (IF APPLICABLE)

(Please Print)

Name: _____

Physical Address: _____

Mailing Address: _____

Home #: _____ Work #: _____ Cell #: _____

If **OWNER** would like the bill mailed to tenant sign here: _____

OWNER IS STILL RESPONSIBLE FOR PAYMENT OF THIS ACCOUNT.

TOTAL CHARGES _____ **RECEIPT#** _____

APPLICATION TAKEN BY: _____ **WORK ORDER E-MAIL BY:** _____

CUSTOMER SET UP BY: _____ **PAYMENT ENTERED BY:** _____