

CITY OF SMITHS STATION SOLID WASTE DEPARTMENT



P.O. BOX 250, 2336 LEE ROAD 430, SMITHS STATION, AL 36877 (P) (334) 297-8771 (F) (334) 448-8422

ACCOUNT CANCELLATION FORM

Name on Account: _____ Todays Date: _____

Account Address: _____

Telephone Number(s): (C) _____ (W) _____

E-Mail Address: _____

Cancellation Date: _____ Account Number: _____

Waste Management Trash Can Removal Date: _____

Forwarding Address for Final Billing: _____

Reason For Cancellation

I, _____ hereby knowing and willingly cancel Solid Waste service with the City of Smith Station, Alabama at the address listed above. I understand it is a violation of Section 22-27-3 Code of Alabama, 1975, as amended, and City of Smiths Station Ordinance 2006-030 to refuse solid waste service. I further understand refusal to comply with Solid Waste service is eligible for punishment and penalties as authorized in Section 22-27-1 Code of Alabama, 1975, as amended, and City of Smiths Station Ordinance 2006-030.4 Section XIII, Penalties.

Signature _____ Date _____
Received a copy of account holders Driver's License for verification purposes. (Y) _____ (N) _____

New Property Owner Information

New Property Owner Name (if known): _____

Telephone Number(s) (if known): _____

City of Smiths Station Solid Waste Administration Use Only

Refund Due:(Y) _____ (N) _____ Amount Due:\$ _____

Employee Signature for Authorization of Refund Check _____

Refund Check # _____ Date Refund Check Issued: _____