

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 SUSPENSION FORM

Name on Account: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Account Address: \_\_\_\_\_

Telephone Number(s): (C) \_\_\_\_\_ (W) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Suspension Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Forwarding Address for Final Billing: \_\_\_\_\_

REASON FOR SUSPENSION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby knowing and willingly suspend 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) \_\_\_\_\_

Solid Waste Administration Use

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

Refund Check # \_\_\_\_\_ Date Refund Check Issued: \_\_\_\_\_

Employee Signature for Authorization of Refund Check \_\_\_\_\_