

CITY OF SMITHS STATION SOLID WASTE DEPARTMENT APPLICATION



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

E-BILL AUTHORIZATION ENROLLMENT FORM

Name: _____

Solid Waste Service Address: _____

Mailing Address (if different than above): _____

E-Mail Address for Billing: _____

I, _____, by enrolling in the City of Smiths Station E-Bill option for quarterly billing of my City of Smiths Station Solid Waste account, do hereby authorize the City of Smiths Station to deliver its Solid Waste Quarterly Statement of Account(s) to the above described E-Mail address. I understand that by authorizing this option that I will not receive a Quarterly Statement of Account(s) through the United States Post Office, its affiliates and/or service contractors. I further agree that I am solely and entirely responsible for payment of these accounts according to the terms of the agreement with the City of Smiths Station and its Solid Waste Department.

SIGNATURE

DATE

Each customer(s) mailing address shall, unless otherwise approved by the City of Smiths Station Solid Waste Department, have a completed authorization form for each Solid Waste Account.