

**CITY OF HUEYTOWN GARBAGE APPLICATION
BILLING STATUS CHANGE
ORD. NO. 93-0608-1 / GARBAGE FEE
Changes to account will not be made by phone
OWNER PROVIDE COPY OF VALID DRIVERS LICENSE**

Date: _____ Account # _____

Dwelling Owner's Name: _____

DOB: _____ State _____ Race _____ Sex _____ DL# _____

DL State Issued: _____ Height: _____ Weight: _____ Eyes: _____

Email: _____ Phone: _____

Address of Property: _____

Mailing Address: _____
(If different from Property)

NATURE OF REQUEST

I hereby state in writing under oath that the information submitted herewith is true and correct to the best of my knowledge and I have not misrepresented information in order to qualify for consideration of a special situation. I understand it is MY obligation to notify the City of Hueytown if the situation changes in the future and that failure to comply with any and all regulations shall subject me to prosecution under civil and /or criminal laws.

Dwelling Owner's Signature

Driver License Number

Date

CITY HALL (205) 491-7010

FAX (205) 491-8793

1318 HUEYTOWN RD, HUEYTOWN AL 35023

******* FOR OFFICE USE ONLY *******

1. Change Status code From _____ to _____
2. Adjust Accounts Receivable by \$ _____
3. NONE _____

NOTES: _____

Clerk: _____ Date _____

APPROVED/DENIED _____

City Clerk & Treasurer: Reason for Denial _____

****** GARBAGE FEE BILLING STATUS CODES ******

A -ACTIVE

T- TEMPORARILY VACANT

C -COMPLETE EXEMPTION