

CITY OF HUEYTOWN GARBAGE APPLICATION

No change to an account will be made by phone

BILLING STATUS CHANGE

ORD. NO. 93-0608-1 / GARBAGE FEE

Date: _____ Account# 01- _____

Applicant's Name: _____ DOB _____ DL# _____

Email: _____ Phone# _____

Owner _____ Renter _____ **** NOTE ** If Rental, copy of lease MUST be provided to start service.**

Address of Property: _____

Mailing Address (If different from property address) _____

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.

Applicant's Signature _____ Social Security # _____ Date _____

Witness REQUIRED _____ Date _____

CITY HALL (205) 491-7010 FAX (205) 491-8793

***** 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