WASHINGTON COUNTY SOLID WASTE DISPOSAL AUTHORITY, INC.

Vacation/Recreational Hunting Camp Account Form

CUSTOMER NAME/CAMP NAME:				
SPOUSE/OCCUPANT:	_			
MAILING ADDRESS:				
	CITY	STATE	ZIP CODE	
	PRIMARY AC	COUNT HOLDER INF	ORMATION	
PRIMARY PHONE:			(Required)	
SECONDARY PHONE:				
EMPLOYER:				
DATE OF BIRTH:			(Required)	
SOCIAL SECURITY NUMBER:				
DRIVERS LICENSE NUMBER:			(Required)	
CIRCLE THAT WHICH APPLIES:	Dwelling Type:	HOUSE	MOBILE HOME	CAMPER
	Ownership Status:	OWN	RENT/LEASE	
LANDLORD/LAND OWNER: (If Applicable)	NAME		PHONE	
Physical address of property in V	Vashington County:			
	ndable activation foo is d	ue at the time accou	nt is established.	
	omer's driver's license or			
	omer's driver's license or		is required.	
A copy of custo	omer's driver's license or	IS FOR ADMINISTRA	is required.	
A copy of custo Account Number:	omer's driver's license or	picture identification IS FOR ADMINISTRA ning Date:	is required.	Mail-in
A copy of custo Account Number:	BELOW THIS LINE Open	picture identification IS FOR ADMINISTRA ning Date:(is required. TIVE USE ONLY Call-in Walk-in	Mail-in

ACCOUNT INFORMATION:

Customer acknowledges that the information provided on this form is true and correct to Customer agrees that if the information provided on this form should change, they will co Solid Waste Disposal Authority office to update their account information. This includes address, physical address and contact information.	ontact the Washington County
ACCOUNT CLOSURE:	
Customer acknowledges that it is their responsibility to provide all necessary documentation waste account held with Washington County Solid Waste Disposal Authority. In order to agrees to provide documentation that he/she is no longer residing in Washington County location in Washington County that has an active solid waste account with the Washington Authority.	close said account, customer or that he/she is residing at a
, 	(Initial)
DELINQUENT ACCOUNTS:	
Customer acknowledges that they are responsible for any and all charges and penalties may incur. If at any time customer's account becomes delinquent, customer's account Washington County Solid Waste Disposal Authority's health officer to pursue for collect collection may include, but are not limited to, district criminal court proceedings, small c Alabama tax return. Customer acknowledges that they will be responsible for any and collection proceedings.	nt will be turned over to the tion of said debt. Avenues of claims and seizure of State of
ANNUAL VERIFICATION:	
Customer acknowledges that they are responsible for providing annually all documents account to remain in vacation status.	needed for their solid waste(Initial)
Primary Account Holder Signature:	

Date: