

**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 ACCOUNT HOLDER INFORMATION

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: **NAME** _____ **PHONE** _____
(If Applicable)

Physical address of property in Washington County:

- A \$75 non-refundable activation fee is due at the time account is established.
- A copy of customer's driver's license or picture identification is required.

BELOW THIS LINE IS FOR ADMINISTRATIVE USE ONLY

Account Number: _____ **Opening Date:** _____

Service Requested: Handcart: ___ (1) ___ (2) ___ Call-in Walk-in Mail-in

Deposit Received: ___ (Check) ___ (Cash) ___ (Credit Card) ___ (Money Order)

COMMENTS: _____

ACCOUNT INFORMATION:

Customer acknowledges that the information provided on this form is true and correct to the best of their knowledge. Customer agrees that if the information provided on this form should change, they will contact the Washington County Solid Waste Disposal Authority office to update their account information. This includes, but is not limited to, mailing address, physical address and contact information.

_____ (Initial)

ACCOUNT CLOSURE:

Customer acknowledges that it is their responsibility to provide all necessary documentation needed to close their solid waste account held with Washington County Solid Waste Disposal Authority. In order to close said account, customer agrees to provide documentation that he/she is no longer residing in Washington County or that he/she is residing at a location in Washington County that has an active solid waste account with the Washington County Solid Waste Disposal Authority.

_____ (Initial)

DELINQUENT ACCOUNTS:

Customer acknowledges that they are responsible for any and all charges and penalties that their solid waste account may incur. If at any time customer's account becomes delinquent, customer's account will be turned over to the Washington County Solid Waste Disposal Authority's health officer to pursue for collection of said debt. Avenues of collection may include, but are not limited to, district criminal court proceedings, small claims and seizure of State of Alabama tax return. Customer acknowledges that they will be responsible for any and all cost associated with said collection proceedings.

_____ (Initial)

ANNUAL VERIFICATION:

Customer acknowledges that they are responsible for providing annually all documents needed for their solid waste account to remain in vacation status.

_____ (Initial)

Primary Account Holder Signature: _____

Date: _____