## Dale County Department of Solid Waste Residential Customer Enrollment Information

Account #:	Container Ser	Container Serial #:	
(to be filled out by sw clerk)		(to be filled out by sw clerk)	
Delivery Date:	Type of Struc	Type of Structure:	
(to be filled out by sw clerk)			
Deposit: \$50.00 - Refundable	Social Security #:		
Monthly: \$18.00			
****************	**********	************	
Last Name	First Name	Middle Initial	
Telephone Number	Date of Birth	Driver's License Number	
ERVICE (E911)			
ADDRESS:			
MAILING			
ADDRESS:			
CITY:	ST:	ZIP:	
DECIDENCE LOCATOR Division in district to the second secon			
RESIDENCE LOCATOR: Please give directions to yo andmarks, in the description that may be helpful.		ames and numbers, as well as any	
andmarks, in the description that may be helpjul.	THUIR TOU:		
CHA	ARGES AND PAYMENT TERMS		
Garbage fees are assessed per <b>CONTAINER</b> . You	u will be charged for service until	your container is returned	
and the account is officially closed.			
• Failure to participate or pay for service is violati		ection 22-27-2: therefore is	
subject to legal action being taken against you i	in Dale County Circuit Court.		
have read and understand the above charges and	d payment terms and I do hereby	agree to abide by these conditions.	
		Please print and mail to:	
		Dale County Solid Waste	
		202 S. Hwy 123, Ste A	
Customer's Signature		Ozark Al 36360	