

**IRONDALE SANITATION**  
**P O BOX 100727**  
**IRONDALE, AL 35210**  
**205-951-1420 (PICKUP QUESTIONS)**  
**205-951-1410 (BILLING QUESTIONS)**

Sanitation bills are delinquent after the 16<sup>th</sup> (sixteenth) of each month. There will be a late fee applied after the 16<sup>th</sup> (sixteenth) of each month on unpaid balances. After 3 (three) consecutive months or 90 days of past due billing your account will be turned over to collections.

We cannot be responsible for the postal system's mistakes. Failure to receive the bill will not relieve the customer of payment obligation.

Returned checks will be regarded as unpaid bills. The customer will be charged a service charge for each time a check is returned. We also reserve the right to refuse to accept checks after 2 returned checks in 1 (one) year.

This application for sanitation service when executed becomes a binding contract for the services provided by the respective sanitation service and constitutes an agreement to abide by the rules and regulations governing these services; these services including timely payments. I further agree that if services is transferred to another location in the system, any unpaid bill will be paid by me within 30 (thirty) days of said transfer.

Billing will be at current rates for class of service as adjusted periodically.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Home Phone#

\_\_\_\_\_  
Work Phone#

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
Drivers License #

Any or all of the fees listed on this service application and regulations listed are subject to change without prior public notice.

I understand that I will be responsible for payment of billings. I have read and understand the conditions of this service application and the rules and regulations of the sanitation service. I am of legal age and am authorized to execute this agreement. I further agree that in the event of default in the payment of all sums due under this agreement to pay all costs of collection including a reasonable attorney fee.

\_\_\_\_\_  
Customer Signature

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary