



**SOLID WASTE  
AUTHORITY**  
BALDWIN COUNTY

15093 Landfill Dr.  
Summerdale, AL 36580  
(251) 972-6878  
billing@baldwincountyswda.org

*APPLICATION FOR COUNTY GARBAGE SERVICE*

**\*\*Note: As part of the application process, a copy of your photo ID is required.\*\***

Name: \_\_\_\_\_

E-911 Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Alt # \_\_\_\_\_

Email Address: \_\_\_\_\_

Opt-In for Text Messages: ☐ Yes ☐ No

Enroll me in paperless billing: ☐ Yes ☐ No

Last 4 of SSN # (for informational purposes): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License # \_\_\_\_\_ Drivers License Issue State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Are you the owner of this residence? ☐ Yes ☐ No

**PROPERTY OWNERS INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**RESIDENCE LOCATOR:**

Please give directions to your home. (Be detailed and list road names, numbers and landmarks):

**BILLING POLICY:**

*BILLS WILL BE MAILED QUARTERLY (in advance), unless otherwise requested below*

Quarterly Billing: ☐ Yes      Monthly Billing: ☐ Yes      Annual Billing: ☐ Yes

First billing will be pro-rated as necessary based on date of 1<sup>st</sup> service pickup provided. Failure to receive a statement shall not relieve a customer from the duty to timely pay the charges on their account.

AutoPay: ☐ Yes ☐ No      ☐ Credit and/or Debit Card      ☐ ACH (Bank Draft)

*If AutoPay is selected a customer service representative will contact you for further setup and instructions.*

**RATES:**

(Effective 1/1/2023)

	<u>Monthly Rate</u>	<u>Quarterly Rate</u>	<u>Annual Rate</u>
<u>Once-A-Week Pickup (container included):</u>	<b>\$17.00</b>	<b>\$51.00</b>	<b>\$204.00</b>
<u>Additional Cart Rental:</u>	<b>\$5.00</b>	<b>\$15.00</b>	<b>\$60.00</b>

**PAYMENT POLICY:**

We accept cash, check, money order and credit card payments (Visa, MasterCard, and Discover). Payments may be made online at [baldwincountyswda.org](http://baldwincountyswda.org) after finalizing the service application.

**LATE FEE POLICY:**

Payment is due by the last day of the month in which you are billed. If there is an unpaid balance remaining on your account, a late fee of \$10.00 will be added monthly to your balance. *At 90 days past due, this is considered failure to comply with the Solid Waste Collection and Disposal law and can necessitate legal action as provided by the law, including charging the person in violation with a criminal misdemeanor.*

The Alabama Law (**AL Code 22-27-1, et seq.**) that establishes mandatory services and participation in the collection of solid waste or garbage by Baldwin County, provides that every person, household, business, industry, or property owner is liable for the monthly or annual fee for the solid waste or garbage collection services made available.

**RETURNED CHECK POLICY:**

An NSF fee of \$30.00 will be added to your account on all returned checks.

**TERMINATING SERVICE POLICY:**

The customer is responsible for notifying SWDA Baldwin County to end service and close their account. Upon doing so, we will need a forwarding address and the reason for which service should be canceled. At any point during the cancellation process further documentation may be required to complete this process.

**AGREEMENT TO PAY:** *The undersigned accepts the fee charged as a lawful debt and promises to pay said fee including the cost of collection, reasonable attorney fees, and court costs if such be necessary, waiving now and forever the right to claim exemption under the constitution and laws of the State of Alabama, or any other state. By typing your name in the box marked "Applicant's Signature" at the bottom of this page, you consent to the use of electronic communications, electronic records, and electronic signatures rather than paper documents for the forms provided on this web site. You understand that your electronic signature is legally binding, just as if you had signed a paper document.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*INTEROFFICE USE ONLY\*\*\*\*\*

Account #  Pick-Up Day:

AutoPay Setup ☐ Yes ☐ No

Addtl Cart Requested ☐ Yes ☐ No

ACH or CC AutoPay

Cart Service Order #

Enrollment Form on File ☐ Yes ☐ No

Customer Recv'd Informational Brochure ☐ Yes ☐ No

Received By:  Date: