15093 Landfill Drive
Summerdale, AL
(251)972-6878

# Dumpster Exemption

**Owner's Name:** _____ **Account #** _____

**Mailing Address:** _____ **Service Address:** _____

*** Phone Number:** _____ *** Email Address:** _____

*** Alternate Number:** _____

* Required field
Please correct any information that is not correct.

I own property in the unincorporated area of Baldwin County and request exemption from Solid Waste service due to being in a current contract with:

* Dumpster Company's Name:

☐ This dumpster is located at my place of business. * Business Name:
** If checked this information is required.*

Street: City: State: Zip:

*And/Or*

☐ My personal property is adjacent or conjoined with my business and I also request to dispose of my waste in that dumpster.

** If checked this information is required.*

State: City: State: Zip:

**** Your application request is not complete without a copy of Dumpster agreement or current bill from provider attached with completed application.****

**Return this form to:**

Solid Waste Disposal Authority
Baldwin County - Attn: Exemptions
15093 Landfill Drive
Summerdale, AL 36580

I hereby certify that the above information is true and correct. I give permission for the State of Alabama Health Department and the Baldwin County Commission or its designee to investigate any and all of the above information. ***I acknowledge that it is a Class C Felony to falsely complete a written instrument required by a public office. (Alabama Criminal Code 13-A-9-3).***

* Owner/Desginee's name submitting the request: Date:

Interoffice Use Only:

Exemption Approved ☐
Exemption Denied ☐

Exemption Expiration Date

Copy of dumpster contract received ☐

Billing Clerk's Signature: Date: