Walker County Solid Waste 1803 3 rd Ave S Room 107 Jasper, Al 35501 Office (205) 384-7254 email: b.alfsen@walkercountyal.us					
Business Name	Contact Person		Position _	Position	
Billing Address		City	State	_ Zip	
Work Phone	Fax	Email			
Type of Service: Tempor	ary Service 🗌 🛛 Permanent Se	ervice 🗌			
Temporary Service allocates use of a roll off dumpster for <mark>two weeks including <mark>ONE</mark> dumping of the container.</mark> 1. Temporary Service is <mark>\$300.00</mark> for two weeks use of service <mark>. EACH ADDITIONAL DUMP IS \$300.00</mark>					
2. Container will be returned to the Solid Waste Department at the end of the two week period unless other prepaid arrangements are made.					
3. Two week period begins at time of delivery of container to designated service location.					
1. Perman 2. Any add Service will be disconti Customer is legally res	ocates use of a roll off dumpster ent Service is \$350.00 per conta litional dumping of container w nued if payment is not received ponsible for all past due balanc ed (<u>with the exception of cash</u>)	iner per dumping with a ill be at the rate of \$300.0 by due date and contain es and cost of collection.	minimum of two per mon 00 per occurrence. er will be removed.	ath.	
There is a \$30.00 fee fo	r each payment that is returned	l dishonored.			
a. Delinqu b. Curren c. Paymen Customer is responsibl	lelinquent service the following condition tent balance must be paid in full. It balance of service must be paid in adv nt of any other outstanding fees must be le for loss or damage while cont b) contact the Solid Waste Depar	rance. 2 paid. ainer(s) on their premise.	o relocate containers.		
Container(s) must remain unblocked for easy access or it will not be serviced.					
Do not burn anything i	nside the container(s). <u>Addition</u>	nal charge if household g	arbage is found in the co	<u>ntainer.</u>	
	rdous by the Alabama Departme wed to be transported and dum			pproved to be stored	
I, an Authorized Representat <u>1 (one)</u> commercial contained	ive of the above Company, agree ers(s).	to the terms and conditions	s of service stated and requ	lest to be supplied with	
Name	Pr	inted Name]	Date	
Driver's License	State	Date of Birt	h Month Day Ye	ar	
Staff Use: Container(s) Numb	per(s) A	ccount No	Date Delivered		