

The City of Opp, Alabama

P.O. Box 610 - Opp, Alabama 36467

334-493-4572 • FAX 334-493-0370



10/29/19

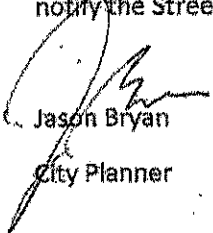
Re: Garbage Exemption

Please inform all customers seeking exemption that the only income within the household is Social Security Retirement or Social Security Disability Insurance.

It is our policy that if temporary service is requested, garbage service is not required. The customer may request garbage service as needed.

Garbage exemption only applies to one can per residence. If multiple cans are requested, all cans are to be charged at the non-exempt rate at time of request.

In order to maintain strict control of garbage service and limit the number of misplaced cans, please notify the Street Dept within 24 hours of a moveout or cancellation of garbage service.


Jason Bryan

City Planner

REQUEST FOR VERIFICATION OF INCOME
TO BE COMPLETED BY THE APPLICATION BANK

The individual (s) name on the attached application requests that you provide the following information to the City of Opp.

Sources of income (if person lists spouse, please include both sources of income)

Social Security _____ Alimony _____

SSI _____ Child Support _____

V.A _____ A.D.C. _____

Retirement Plan _____ Rental Property _____

IRA Income _____ Land Rent _____

Other Income (Specify Below)

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature and Title _____

Name of Institution _____ Phone _____

CITY OF OPP SANITATION DEPARTMENT

APPLICATION FOR SOLID WASTE PAYMENT EXEMPTION PROGRAM

Name _____

Name of Spouse _____

Home Phone _____ SSN _____

Mailing Address _____

Location Address _____

I RESIDE IN THE CITY OF OPP, ALABAMA. I HEREBY APPLY FOR EXEMPTION OF PAYMENT FOR SOLID WASTE AT MY PLACE OF RESIDENCE.

BY SIGNING THIS FORM I CERTIFY THAT MY TOTAL INCOME IS DERIVED ENTIRELY FORM SOCIAL SECURITY BENEFITS, AND I OR MY SPOUSE HAVE NO OTHER INCOME OTHER THAN SOCIAL SECURITY.

I HEREBY CERTIFY THAT THE INFORMTION ON THIS FORM IS TURE AND CORRECT

Date _____ Signature _____

YOU MUST HAVE AN OFFICIAL AT YOUR BANK COMPLETE THE REUEST OFR VERIFICA-TION OF INCOME ON PAGE TWO OF THIS APPLICATION. THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.