



Baldwin County Solid Waste
22251 Palmer Street
Robertsdale, AL
Office (251)972-6878

Notification of Defaulted Payment Arrangement

Account Holder's Name	Account #XXXXXX
Service Address:	*Mailing Address:
*Phone Number:	*Email Address:
*Alternate Number:	*Date of Birthday:
*Social Security #:	*Employer Name:
*Driver's License/Photo ID #:	*Employer Phone #:

RE: Payment Plan Agreement signed on: (see enclosed copy). _____

Dear CUSTOMER NAME,

As of today, _____, you have failed to meet the terms set forth in your Payment Plan Agreement. As per your agreement, your payment(s) were to be made in full to Baldwin County Solid Waste by or before the expiration date of ____.

According to our records, you are not in compliance with the following area(s) of the agreement:

- ☐ Missing payments for the following payment arrangement period of:
Past Due period of: _____ through _____
- ☐ Additional Solid Waste charges have not been paid while you have been in payment plan status.

You must contact our office immediately to avoid your account being turned over to the Baldwin County District Court, as you have broken the agreement made between yourself and the Baldwin County Solid Waste Department. If we have not heard from nor received payment in full from you on or before: _____, we will have no choice but to proceed with collection efforts.

When contacting us, please be sure to reference Account #XXXXXX so that you will be immediately put in contact with the representative handling your account. If you feel you have received this letter in error, please let us know so that we may take action to get this matter corrected.

Sincerely,
Baldwin County Solid Waste

Important account information to note as of _____.

Account Number: XXXXXX
Account Balance = \$000.00
Solid Waste Representative: _____

Notification of Defaulted Payment Arrangement Agreement: for account #XXXXXX as of _____

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