



## BALDWIN COUNTY COMMISSION

POLICY #7.9	
<b>Subject</b>	Solid Waste Residential Garbage Customer Payment Plan Agreement
<b>Date Adopted</b>	April 21, 2015
<b>Agenda Item</b>	BD2
<b>Obsolete Versions</b>	N/A

### **POLICY STATEMENT**

This policy adopts procedures and guidelines for Baldwin County Solid Waste Department to enter into an agreement (**Customer Payment Plan Agreement**) with a customer who is delinquent with their Solid Waste Residential Garbage account. The term of the agreement shall not exceed six (6) months, but can be renewed at the discretion of the Clerk/Treasurer or Solid Waste Officer of Baldwin County for succeeding periods not to exceed 6 months.

This agreement may be offered, at the discretion of the Clerk/Treasurer or Solid Waste Officer of Baldwin County, to delinquent Solid Waste Residential Garbage Customers.

### **PROCEDURAL REQUIREMENT**

In order to carry out this policy, the following steps must be taken:

1. Customers that are delinquent with their Solid Waste Residential Garbage account are contacted by the staff, either by a phone call, email and/or by mail. If the customer requests assistance and asks for relief, a payment plan may be considered.
2. Under certain circumstances, no payment plan will be considered if the customer makes no attempt to pay delinquent invoices, avoids any contact made by the Baldwin County Solid Waste Department or if court proceedings have begun.

3. The Clerk/Treasurer or Solid Waste Officer is hereby authorized to sign customer Agreements on behalf of the Baldwin County Commission/Baldwin County Solid Waste Department.

**FORMS/ATTACHMENTS/EXHIBITS**

1. Sample Customer Payment Plan Agreement
2. Sample Notification of Defaulted Payment Plan Agreement



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

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 #:

Please correct any information that is not correct or pre-filled.

**Payment Plan Details**

As of, \_\_\_\_\_, the balance on my account, # \_\_\_\_\_, is **\$000.00**, and my account is in a delinquent status.  
Past Due period of: \_\_\_\_\_ through \_\_\_\_\_

**Terms of Agreement**

Installment	Due Date	Amount
1 <sup>st</sup> payment	Upon the signing this Agreement	\$
2 <sup>nd</sup> through 6 <sup>th</sup> Payments	15th of each month	\$

Date payment arrangement will expire is: \_\_\_\_\_

*Initial each section below  
indicating that you  
understand.*

**How My Account Bills**

I understand my account bills every FEB, MAY, AUG, NOV, and payment is due in full by the last day of each month that my account is billed.

I understand that my account will continue to bill for service as scheduled while I am in "Payment Plan" status, and that I am still responsible for these charges as well.

**LATE FEE POLICY:**

Payment is due by the last day of the month in which you are billed. As long as 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, which include charging the person in violation with a criminal misdemeanor.*

I have read the Late Fee policy and understand it in it's entirety.

Agreement for Payment Arrangement: details & terms for account #XXXXXX as of XX/XX/XXXX



## 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 \_\_\_\_\_

Page 1 of 1 (with 1 copy of signed Payment Plan Agreement enclosed)