

Russell County Sanitation

PO Box 1127

Phenix City, Al 36868-1127

REQUEST FOR ADDITIONAL NAME ON ACCOUNT

Date of Request: _____

For: Account #: _____

Name on Acct: _____

Billing Address: _____

I, the undersigned owner for the account listed above, hereby request that the

Name of _____,

Social Security # _____,

Be added to all details of this account as of the date listed above. I further understand that as owner of this account, I remain responsible for all charges incurred for this account. I further understand that the name of this added person may not appear on the bill.

Signature

Witness of Signature

Witness Phone #

INCLUDE COPY OF DRIVERS LICENSE OR STATE ISSUED ID