



Coffee County Environmental Services
1139 E McKinnon Street
New Brockton, AL 36351
334-894-6600
cces.office@coffeecounty.us

Solid Waste Account Change Form

Account # _____ Account Name: _____

Current Service Address: _____

Telephone number: _____ Email: _____

I hereby authorize the requested change(s) for the above-mentioned solid waste account.

- ☐ Please add the following person to the account as an authorized person. A legible copy of the valid government identification card must accompany this form to add the person to the account.

Name: _____

SSN: _____ - _____ - _____ Telephone #: _____

Email: _____

- ☐ **Change of address:**

Please update my service address to: _____

Please update my mailing address to: _____

- ☐ Please update my telephone number. _____
- ☐ Please add or remove (please circle selection an additional can at \$38.00 quarterly rate.
- ☐ Please close my solid waste account on _____ (insert date). I understand that I am responsible for the final bill at the service address on file and the final bill will be mailed to the forwarding address provided below:

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

| FOR OFFICE USE ONLY | | | |
|---------------------|-------------|-------------|--------------|
| Clerk: _____ | Date: _____ | Can#: _____ | Route: _____ |

[Type here]

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