

81 Walnut Bottom Road Shippensburg, Pa 17257  
Phone: 717.532.7137

## SHIPPENSBURG TOWNSHIP TRASH COLLECTION & RECYCLING REGISTRATION

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am currently a customer of Apple Valley Waste Services  YES  NO

I already have the following at the premises  Trash Toter  Recycling Toter

Is this property a rental?  YES  NO

\_\_\_\_\_ **FULL SERVICE** (Trash Toter & Recycling Toter) **\$55.00/quarter**

\_\_\_\_\_ **SENIOR CITIZEN SERVICE** (Trash Toter & Recycling Toter) **\$49.00/quarter**  
(65 years or older)

\_\_\_\_\_ **RECYCLING ONLY SERVICE** (Recycling Toter) **\$37.75/quarter**

\_\_\_\_\_ **BAG SERVICE** (Bags purchased from Township Office) **\$5.00 per bag**  
(Minimum 12 bags per year)

\_\_\_\_\_ **EXEMPT** (Individuals/Businesses who claim exempt status must complete an exemption form)

**\*Full Service** customers may place one bulk item for collection on a weekly basis. Bulk items include furniture items, toilets, and carpet (rolled/tied/cut in sections no larger than 4' in length). A bulk item shall require no more than two persons to lift. Excluded are electronic items, demolition materials and pianos. Bulk items require advance notice. Please call Southampton Township Trash at (717)532-9646 ext 102 to arrange for bulk item pickup.

### Invoicing

Quarterly invoices will be sent from Southampton Township, Cumberland County and due within 30 days of receipt.

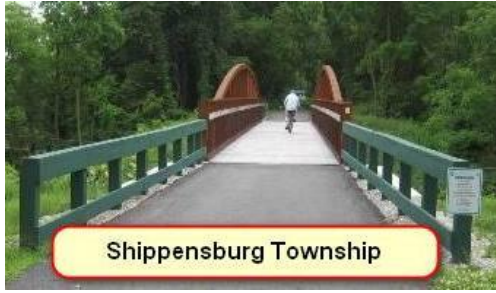
### Past Due Accounts

A \$50 reinstatement fee will be accessed to restart service for trash accounts that were terminated for non-payment. The resident/owner signing this form shall be responsible for paying any and all fees associated with the Trash Collection and Recycling Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return Form To  
Southampton Twp Trash Office  
200 AIRPORT ROAD, SHIPPENSBURG, PA 17257



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## SHIPPENSBURG TOWNSHIP TRASH COLLECTION & RECYCLING EXEMPTION FORM

### EXEMPTION FORM

Reason for Exemption: \_\_\_\_\_

*If residents are sharing trash service, please complete **both** boxes below.*

Property Owner #1 ( ) Exempt ( ) Billed Name _____ Address _____ Home Phone _____ Cell Phone _____ Email _____	Property Owner #2 ( ) Exempt ( ) Billed Name _____ Address _____ Home Phone _____ Cell Phone _____ Email _____
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The resident/owner signing this form verifies that they are exempt from the Trash Collection and Recycling Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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200 AIRPORT ROAD, SHIPPENSBURG, PA 17257