



11 High Mountain Road Walnut Bottom, Pa 17266
Phone: 717.530.7626

SOUTH NEWTON 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

Please place an X on the appropriate line to indicate the level of service requested.

_____ **FULL SERVICE** (Trash Toter & Recycling Toter) **\$56.00/quarter**

_____ **SENIOR CITIZEN SERVICE** (Trash Toter & Recycling Toter) **\$50.00/quarter**
(65 years or older)

_____ **RECYCLING ONLY SERVICE** (Recycling Toter) **\$38.75/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 Township Trash
200 AIRPORT ROAD, SHIPPENSBURG, PA 17257
twptrash@southamptontwp.com



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SOUTH NEWTON 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	Property Owner #2 () Exempt () Billed
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

The resident/owner signing this form verifies that they are exempt from the Trash Collection and Recycling Program.

Signature: _____

Date: _____

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