

**COOKE TOWNSHIP, CUMBERLAND COUNTY  
WASTE COLLECTION SERVICE REGISTRATION FORM**

Property Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Site Address: \_\_\_\_\_

Property Owner Billing address: \_\_\_\_\_

**All accounts must be set up in the property/homeowner's name. All bills will be mailed to the property owner/(landlord). Bills are the responsibility of the property owner. Accounts will NOT be set up under a renter's name.**

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

Is this property a rental?  Yes  No

Tenant's name and phone number \_\_\_\_\_

I am currently a customer of Apple Valley Waste Services  Yes  No

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

Please place an X on the corresponding line to indicate the level of service you are requesting.

\_\_\_\_\_ **Full Service** (Trash Toter & Recycling Toter) **\$69.25/quarter**

\_\_\_\_\_ **Senior Citizen Service** (65 years or older) (Trash Toter & Recycling Toter) **\$63.25/quarter**

\_\_\_\_\_ **Recycling Only Service** (Recycling Toter) **\$47.75/quarter**

\_\_\_\_\_ **Bag Service** (Bags purchased from Twp. Office, a minimum of 12 per year) **\$7.00 per bag**

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

**\*Full Service:** Excluded items are yard waste, hazardous waste, construction materials, oil, car batteries, paint, gasoline, or steel pipe.

**Invoicing:** Quarterly invoices will be sent from Southampton Township, Cumberland County. Invoices must be paid by the due date specified on the bill.

**Past Due Accounts:** A \$50.00 reinstatement fee will be assessed to restart service for trash accounts that were terminated for non-payment. The resident/owner signing this form shall be responsible for paying any/all fees associated with the Trash Collection and Recycling Program.

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

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

**REASON FOR EXEMPTION REQUEST**

SHARING A TOTE WITH ANOTHER HOUSEHOLD. PLEASE LIST THE HOUSEHOLD (NAME & ADDRESS) RECEIVING THE TRASH BILL AND TRASH PICKUP LOCATION:

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\_\_\_\_ TRANSPORTING TRASH TO ANOTHER LOCATION OUTSIDE THE TOWNSHIP FOR PICKUP. PLEASE STATE THE LOCATION OF PICKUP.

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\_\_\_\_ OTHER. PLEASE EXPLAIN WITH SPECIFICS: \_\_\_\_\_

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**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 \_\_\_\_\_

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

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