

LOWER MIFFLIN TOWNSHIP

529 Shed Rd, Newville, PA 17241

Phone or Fax 717-776-6121

TRASH COLLECTION & RECYCLING 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 appropriate line to indicate the level of service requested.

_____ **FULL SERVICE*** (Trash Toter & Recycling Toter) **\$69.00/quarter**

_____ **SENIOR CITIZEN SERVICE** (Trash Toter & Recycling Toter) **\$63.00/quarter**
(65 years or older)

_____ **RECYCLING ONLY SERVICE** (Recycling Toter) **\$48.00/quarter**

_____ **BAG SERVICE** (Bags purchased from Township Office) **\$7.00 per bag**
(Minimum 12 bags per year)

_____ **EXEMPT** (Individuals/Businesses who claim exempt status must complete the exemption form on the second page)

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

The **resident**/owner signing this form shall be responsible for paying any and all fees associated with the Trash Collection and Recycling Program.

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

Signature: _____ Date: _____

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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: _____