



**PENN TOWNSHIP  
CUMBERLAND COUNTY  
BOARD OF SUPERVISORS**

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**PENN 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.

- |  |                        |
|--|------------------------|
| _____ <b>Full Service</b> (Trash Toter & Recycling Toter)  | <b>\$69.00/quarter</b> |
| _____ <b>Senior Citizen Service</b> (65 years or older) (Trash Toter & Recycling Toter)              | <b>\$63.25/quarter</b> |
| _____ <b>Recycling Only Service</b> (Recycling Toter)  | <b>\$47.75/quarter</b> |
| _____ <b>Bag Service</b> (Bags purchased from Twp. Office, a minimum of 12 per year)                 | <b>\$7.00 per bag</b>  |
| _____ <b>Exempt</b> (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: \_\_\_\_\_

**PENN TOWNSHIP  
CUMBERLAND COUNTY**

**EXEMPTION REQUEST**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

REASON FOR EXEMPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_