

**81 Walnut Bottom Road, Shippensburg, PA 17257 Phone: 717.532.7137**  
**SHIPPENSBURG TOWNSHIP TRASH COLLECTION & RECYCLING REGISTRATION**

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Property Owner's Billing 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

Tenant's Names and phone number: \_\_\_\_\_

- \_\_\_\_\_ **FULL SERVICE** (Trash Toter and Recycling Toter) **\$69.25/quarter**
- \_\_\_\_\_ **SENIOR CITIZEN SERVICE** (Trash Toter & Recycling Toter) **\$63.25/quarter**  
(65 years or older)
- \_\_\_\_\_ **RECYCLING ONLY SERVICE** (Recycling Toter) **\$47.75/quarter**
- \_\_\_\_\_ **BAG SERVICE** (Bags purchased from Township Office) **\$7.00/bag**  
(Minimum 12 bags per year)
- \_\_\_\_\_ **EXEMPT** (individuals/businesses that claim exempt status must complete an exemption form)

**\*Full-Service** 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.

**Invoicing**

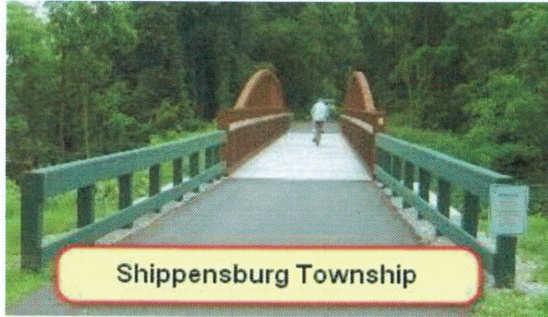
Quarterly invoices will be sent from Southampton Township, Cumberland County, and must be paid by the specified date on the bill.

**Past Due Accounts**

A \$50 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 and all fees associated with the Trash Collection and Recycling Program.

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

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



81 Walnut Bottom Road, Shippensburg, PA 17257 Phone: 717.532.7137

### EXEMPTION FORM

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

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

Property Owner #1 ( ) Exempt ( ) Billed

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Property Owner #2 ( ) Exempt ( ) Billed

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

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

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