



PO Box 11, 11 High Mountain Road, Walnut Bottom, PA 17266
Phone: 717-530-7626 ~ Fax: 717-477-8305 ~ Email: sntwp11@gmail.com

WASTE COLLECTION SERVICE REGISTRATION FORM

Property Owner: _____ Phone Number _____

Site Address: _____

Property Owner Billing address: _____

Owner Contact Number: _____ Email 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.

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 the exemption form below.)

***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: _____



Request for Trash Collection Exemption South Newton Township

Account Information:

(Please print clearly)

First Name _____ Middle Initial _____ Last Name _____

Spouse/Co-Applicant: First Name _____ Middle Initial _____ Last Name _____
(if applicable)

Service address _____

Mailing address (if different from service address) _____

Phone # _____ / _____
Alternate phone # _____

Email address _____

According to South Newton Township Ordinance #2021-01, Article II, Section A.4, you may request to be exempt from the intergovernmental trash contract dated July 1, 2021.

1. Below, please provide a brief reason for your request. The description must provide your plan for trash disposal.

Please provide ALL of the following in order to be approved:

- a. A \$10.00 exemption review fee. Payment must be received with the exemption form request.

PLEASE SIGN AND RETURN YOUR FORM AND CHECK TO:

**South Newton Township
PO BOX 11
Walnut Bottom, PA 17266**

Once the township has reviewed your exemption request at their designated township meeting, you will receive the decision in writing.

By signing this form and requesting a Trash Collection Exemption from weekly trash collection service, I, _____, certify that I understand the required provisions of the Trash Collection Exemption Request. I understand and agree that if my Trash Exemption application is accepted, I will be subject to all provisions of Township ordinances now existing or hereafter adopted as set forth in the South Newton Township Board of Supervisors, and agree to pay all charges associated with any violations of Ordinance 2021-01, including all costs and fees, including attorneys' fees and filing fees. By signing below, I certify under penalty of perjury that the information provided is true and correct under the Laws of the State of Pennsylvania.

Owner signature _____

Date _____

Spouse or co-applicant signature (if applicable) _____

Date _____