



WEST PENNSBORO TOWNSHIP

2150 Newville Road, Carlisle, PA 17015 • Phone: (717) 243-8220 • Fax: (717) 243-1592

TRASH COLLECTION & RECYCLING REGISTRATION FORM

Property Owner _____:

Property Address: _____

Owner's 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.

I am currently a customer of Apple Valley Waste Services YES NO

I already have the following at the premises: Trash Toter Recycle Toter

Is this property a rental? YES NO

Tenant's name and phone _____

Please place an X on the appropriate line to indicate the level of service requested & include the date of birth for Sr. Rate

_____ **FULL SERVICE** (*Trash Toter and Recycling Toter*) **\$69.25/quarter**

_____ **SENIOR CITIZEN SERVICE** (*Trash Toter and Recycling Toter*) **\$63.25/quarter**
(65 years or older) DOB: _____ Verified by: _____

_____ **RECYCLING ONLY SERVICES** (*Recycling Toter*) **\$47.75/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.

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: _____

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EXEMPTION FORM

Reason for Exemption: _____

Property Owner #1 () Exempt () Billed Name _____ Address _____ Home Phone _____ Cell Phone _____ Email _____	Property Owner #2 () Exempt () Billed Name _____ Address _____ Home Phone _____ Cell Phone _____ Email _____
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*****Per Resolution #2015-10 Establishing Fees to Reinstate Trash Service, residents shall pay the sum of \$50.00 to reinstate service to a trash account that was terminated for non-payment.**

Signature: _____

Date: _____