OUTH NEWTON	
SU 61/929	
TOWNSHIP	

CUMBERLAND COUNTY

(Please print clearly)

## **Request for Trash Collection Exemption**

South Newton Township

First Name		Middle Initial	Last Name	
Spouse/Co-Applica (if applicable)	nt: First Name	I	Middle Initial	Last Name
Service address		Mailing address (if different from service address)		
Phone #	/ Alternate phone #	Ē	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. Description must provide your plan for trash disposal.

Please provide ALL of the following in order to be approved: a. A \$10.00 exemption reviewal 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.