

TOWNSHIP OF WEST EARL
Lancaster County, Pennsylvania

Application for Exemption from the requirement to use trash collection services under the Township contract or to contract with a Licensed Trash Hauler

Name: _____

Address: _____

Number of persons who reside at the above address: _____

Estimated number of bags of trash generated weekly: _____

Estimated number of bins of recyclable materials generated weekly: _____

Describe types of recyclable materials generated: _____

Describe in detail the present or proposed method of trash disposal used. Please specify location of disposal and the owner of the site at which trash is disposed. **Include a written statement from the owner of the property granting permission to use that property for disposal.** Please note that all trash must be disposed of in accordance with the rules and regulations of the Township, Lancaster County Solid Waste Management Authority and the Pennsylvania Department of Environmental Protection. The Board of Supervisors will not grant an exemption if a method of trash disposal does not meet all such regulations:

Describe in detail the present and/or proposed method of recycling. Specify the facility at which each type of recyclable material is recycled:

What is your reason for requesting this exemption?

I, _____,
(Print Name)

do hereby verify that I have reviewed and understand the information set forth in this Application and that the same is true and correct to the best of my knowledge, information and belief. I do hereby further verify that all disposal of trash and recycling of designated recyclable materials shall be undertaken in accordance with this Application and with all provisions of the West Earl Township Municipal Waste Management Ordinance if an exemption from the requirement to use a licensed trash hauler or use the services provided by the Township Contractor is granted. I understand that any disposal of trash or recyclable materials in violation of the Municipal Waste Management Ordinance constitute a violation of the Ordinance and may be subject to all penalties and remedies for violation of the Ordinance. These statements are being given to me to induce official action on the part of the Township of West Earl, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsifications to authorities.

Date:

_____ (Signature of Applicant)

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Office use only

Balance Due: _____

Board of supervisors meeting date ____/____/____

Approved _____ Denied _____

Conditions _____

