

BOROUGH OF HANOVER
44 FREDERICK STREET
HANOVER, PA 17331
717-637-3877

APPLICATION FOR GARBAGE SERVICE

NAME OF ALL PROPERTY OWNERS: _____ DATE OF APPLICATION: _____

MAILING ADDRESS: _____

I, THE UNDERSIGNED, HEREBY APPLY TO THE BOROUGH OF HANOVER FOR GARBAGE SERVICE AT THE FOLLOWING PROPERTY:

_____ FULL SERVICE

_____ COMMERCIAL SERVICE

PROPERTY SHALL BE OCCUPIED BY: OWNER _____ TENANT _____

IT IS UNDERSTOOD THAT THE TYPE OF SERVICE INDICATED BY THE UNDERSIGNED SHALL CONTINUE INDEFINITELY, OR UNTIL WRITTEN NOTICE OF DISCONTINUANCE IS GIVEN. SERVICE MAY BE SUSPENDED BY THE BOROUGH FOR VIOLATION OF REGULATIONS OR NON-PAYMENT. BILLS ARE MAILED QUARTERLY ON FEBRUARY 1, MAY 1, AUGUST 1 AND NOVEMBER 1. ALL BILLINGS AND/OR CORRESPONDENCE FOR ABOVE GARBAGE SERVICE SHALL BE MAILED TO THE PROPERTY OWNER AT ADDRESS LISTED. RATES ARE DETERMINED BY TYPE AND VOLUME OF SERVICE.

NAME OF OWNER: (PLEASE PRINT)

SIGNATURE OF OWNER:

OWNER'S PHONE NUMBER

PICK-UP DAY IS MONDAY, TUESDAY, WEDNESDAY, THURSDAY OR FRIDAY.

THE UNDERSIGNED OWNER(S) ACKNOWLEDGE AND AGREE THAT FAILURE TO PAY AN INVOICE FOR SERVICES PROVIDED MAY RESULT IN THE BOROUGH TAKING APPROPRIATE COLLECTION ACTION, INCLUDING FILING A MUNICIPAL LIEN AGAINST THE PROPERTY.

OWNER IS SIGNING ON BEHALF OF AND AS AGENT FOR ALL OWNER(S) OF THE PROPERTY.

FOR OFFICE USE ONLY

EFFECTIVE DATE: _____

REMARKS:

ACCOUNT NUMBER _____