DOVER TOWNSHIP

2480 W CANAL RD DOVER PA 17315 PHONE: 717-292-3634 FAX: 717-292-2144

WAIVER FROM RESIDENTIAL MUNICIPAL WASTE COLLECTION

The undersigned hereby applies for a waiver from residential municipal waste collection:

1. Name(s) of Owners:

2. Property Address:

By signing this waiver form, I understand that I am responsible to dispose of my own municipal waste directly to a disposal facility approved or operated by the York County Solid Waste Authority. I understand that it is illegal to bury, burn, dump or otherwise dispose of municipal waste except at a disposal facility approved or operated by the York County Solid Waste Authority. I also understand that I am still subject to mandatory recycling.

I agree to notify Dover Township- in the event that I want the township contractor to collect and dispose of my municipal waste, and to pay any fees or charges associated with this disposal. I further agree to notify any buyer of my property of this waiver from residential municipal waste collection.

Owner's Signature

Print Name

Owner's Signature

Date

Print Name

Date