



# BRECKNOCK TOWNSHIP

LANCASTER COUNTY

1026 Dry Tavern Road

Denver, PA 17517

www.brecknocktownship.us

Office  
(717) 445-5933

Fax  
(717) 445-9802

## 2024 APPLICATION FOR TRASH HAULING REGISTRATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

LCSWMA License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_

Policy Limits: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Worker's Compensation Carrier: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Number of customers served within the Township:

\_\_\_\_\_ Residential customers (each apartment dwelling and multi-family dwelling shall count as a separate customer)

\_\_\_\_\_ Office, commercial, or other non-residential customers (each unit in a multi-unit commercial or industrial development shall count as a separate customer)

By submitting this Application, Applicant agrees to provide monthly reports are required.

Brecknock Township Ordinance requires that regulated municipal waste and source separated recyclable materials be collected. Source separation recycling is the process of sorting waste into different material categories before it's processed for recycling.

I, \_\_\_\_\_, do hereby verify that have reviewed and understand the  
(Print Name and Title)

Information set forth in this Application and that the same are true and correct to the best of my knowledge, information and belief. I do hereby further verify that all services performed within the Township shall be undertaken in accordance with this Application and with all provisions of the Brecknock Township Municipal Waste Management Ordinance. I understand that any operations in

violation of the Municipal Waste Management Ordinance constitutes a violation of the Ordinance and may be subject to all penalties and remedies for violation of the Ordinance and/or may result in revocation of any permit which may have been issued under the Ordinance. These statements are being given by me to induce official action on the part of the Brecknock Township, 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.

Witness:

\_\_\_\_\_ (SEAL)  
(Signature if Individual)

Trading and doing business as:

\_\_\_\_\_

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(Partnership Applicant\*)

\_\_\_\_\_  
(Name of Partnership)

Witness:

\_\_\_\_\_ By: \_\_\_\_\_ (SEAL)  
Partner

\_\_\_\_\_ By: \_\_\_\_\_ (SEAL)  
Partner

\*All Partners must execute this Application

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(Corporation Applicant)

\_\_\_\_\_  
(Name of Corporation)

Attest: \_\_\_\_\_  
(Assistant) Secretary

By: \_\_\_\_\_  
(Vice) President

CORPORATE SEAL

Date: \_\_\_\_\_