

**CARROLL TOWNSHIP LEAF WASTE FACILITY**  
**NON-RESIDENTIAL PERMIT APPLICATION**

DATE : \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

BUSINESS / ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS / ORGANIZATION ADDRESS: \_\_\_\_\_

MAKE OF VEHICLE: \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

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CARD NUMBER ASSIGNED : \_\_\_\_\_

FEE: \_\_\_\_\_

**\*\*\*NOTE\*\*\* (FEE FOR THE FOLLOWING YEAR WILL BE SUBJECT TO CHANGE BY THE BOARD OF SUPERVISORS)**

When completing this application Applicant is agreeing to abide by all rules and regulations, established and provided by Carroll Township. Applicant is verifying that he/she has a business/organization within Carrroll Township and as such will be using this facility for intended uses pertaining to his/her Carroll Township property ONLY. Violating any regulations regarding this facility will result in loss of the privilege to use said facility.

SIGNATURE OF BUSINESS REPRESENTATIVE \_\_\_\_\_

PRINT NAME \_\_\_\_\_