

CARROLL TOWNSHIP LEAF WASTE FACILITY
RESIDENTIAL PERMIT APPLICATION

DATE : _____ PHONE NUMBER _____

NAME: _____

APPLICANT ADDRESS: _____

EMAIL: _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

MAKE OF VEHICLE: _____ LICENSE PLATE # _____

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 is a resident or owns property within Carroll 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 APPLICANT _____

PRINT NAME _____