

LOWER ALLEN TOWNSHIP
2233 GETTYSBURG ROAD, CAMP HILL, PA 17011
PHONE: (717) 975-7575

YARD WASTE DISPOSAL PERMIT APPLICATION

Company: Name: _____

Address: _____

Phone: _____

Contact Person: Name: _____

Address: _____

Phone: _____

Email Address: _____

Vehicle: Make: _____

Model: _____

Tag Number: _____

I hereby certify that the information submitted is true and correct. I understand that false statements are made subject to the penalties of 18 PA C.S. Section 4904, relating to unsworn falsification to authorities.

Applicant's Signature

Date

Approval

Date

Permit Fee

Permit Number