

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