UPPER HANOVER TOWNSHIP
RECYCLABLE COLLECTOR
REGISTRATION APPLICATION

Applicant Name: _____

Address: _____
Street City State Zip

Contact Person: _____
Position/Title

Telephone No.: _____ Fax No.: _____

E-Mail: _____

Your Insurance Certificate listing Upper Hanover Township as certificate holder must accompany this form.

Upper Hanover Township
P.O. Box 27
East Greenville, PA 18041

By the below signature, this will confirm that the Applicant has been informed of, obtained a copy of, and agrees to comply with all requirements of the Upper Hanover Township Recyclable Collection Ordinance. The recyclable collector is responsible for compliance with all other applicable federal, state and local laws, ordinances and regulations.

_____
Signature Date

_____
Printed Name and Title