

**West Manchester
Township**
(717) 792-3505



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**WEST MANCHESTER TOWNSHIP
GARBAGE DISPOSAL ASSESSMENT
Request for Exemption**

DATE: _____

Property Owner: _____

Address of Property: _____

Email Address: _____

Phone: _____

I hereby request exemption from paying the West Manchester Township Garbage Disposal Assessment for the following reason(s) (attach additional sheets if necessary):

Signature: _____

*****IF YOUR GARBAGE IS DISPOSED OF BY A RECOGNIZED HAULER AND NOT BY THE TOWNSHIP, PLEASE ATTACH PROOF IN THE FORM OF A SERVICE CONTRACT.*****

OFFICE USE ONLY:

APPROVED _____ DISAPPROVED _____

For Period: _____

Account Number: _____

Signature of Manager: _____