

**APPLICATION FOR EXONERATION FROM REFUSE**

TO: Lower Allen Township  
Attn: Board of Commissioners  
2233 Gettysburg Road, Camp Hill, PA 17011  
(717) 975-7575

Application is hereby made for **abatement** or **exoneration** from payment of fees for collection and disposal of refuse under the terms and provisions of **Ordinance 2004-06** as it appears in Section 180-12 of the Township Book of Codified Ordinances.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Exoneration is requested for the following reasons:**

A. ( ) Property will be **continuously vacant** beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

The reason for the vacancy \_\_\_\_\_  
\_\_\_\_\_

\*\*\* I **certify** that this property has stood continuously vacant on a non-temporary basis for a period of not less than 90 days, that the residence has and will remain unoccupied during the entire length of the exoneration, and that I take full responsibility for notifying the Township, on a timely basis, if the residence is sold, rented, or occupied. It is understood that temporary absences, such as **vacation and other travel do not qualify for exoneration**. I further agree to assume all current and retroactive refuse fees resulting from failure to comply with the terms of Ordinance 74-5, and I understand that in some cases, criminal prosecution may result.

B. ( ) Owner of farmland containing ten (10) or more acres. Evidence of such acreage and use is attached hereto and made part hereof. It is requested that a license be issued subject to the terms and provisions of said Ordinance.

**THE FOLLOWING SECTION MUST BE NOTARIZED:**

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn according to law, deposes and states under penalty of perjury that facts and information above set forth are true and correct.

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ Expires \_\_\_\_\_  
Notary Public

**(For office use only)**

Account Number \_\_\_\_\_ Approved ( ) Disapproved ( )

Signature \_\_\_\_\_  
Accounting Supervisor