

Recycling Permit Application

Circle one:

RESIDENT

NON-RESIDENT

Name: _____

Address: _____

Township: _____

Telephone: _____

Vehicle Information:

Car 1.

Car 2.

Make: _____

Make: _____

Model: _____

Model: _____

Color: _____

Color: _____

Year: _____

Year: _____

Plate #: _____

Plate #: _____

Residents: Please submit application with a copy of your vehicle registration and a copy of your drivers license. ALL INFORMATION MUST BE COMPLETED AND ENCLOSED IN ORDER FOR THE TOWNSHIP TO ISSUE AND MAIL YOUR PERMIT.

Non-Residents: Please submit application with the yearly fee of \$25 in check form made out to "Lehman Township". ALL INFORMATION MUST BE COMPLETED AND ENCLOSED IN ORDER FOR THE TOWNSHIP TO ISSUE AND MAIL YOUR PERMIT.

Mail to: Lehman Township, 1183 Old Route 115, Dallas, Pennsylvania 18612

_____ OFFICE USE ONLY _____

If applicable: Check #: _____ Paid on: _____

Permit issued by: _____ Mailed to above address on: _____