Original r	equest
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☐ Updated billing information

GARBAGE Change of Ownership/Billing Form

Please complete the following fo	orm to ensure the proper trans	fer of service and billir	ng for your Crescent Township garbage
Effective Date:			
Property Owner's Name:			
Phone #:			
Renter's Name (if applicable):			
Renter's Phone # (if applicable):			
	SERVICE A	DDRESS	
Address:		_ CRESCENT,	PA 15046
Parcel ID#:			
	BILLING AD	DRESS	
☐ Same as listed above	☐ Different billing	address (complete	information below)
Address:			
City:	State:	Zip Code:	
All Crescent Township residents w	ill be billed for garbage ANNUA	LLLY by Jordan Tax Serv	vices
occupant(s)	of the duty to pay said charg	es as the benefit of	shall not relieve the owner(s) or collection and disposal of solid waste hich is subject to said charges.
•			sted above I am responsible for the yearly garbage an extended period of time, please contact the
Signature of Property Owner:			Date:

SUBMIT COMPLETED FORM TO:

Fax to: Attn: Municipal Office

724.457.2045

Mail to: Crescent Township

225 Spring Run Road Crescent, PA 15046

Email to: info@crescenttownship.com