

Original request

Updated billing information

# GARBAGE

## Change of Ownership/Billing Form

Please complete the following form to ensure the proper transfer of service and billing for your Crescent Township garbage

Effective Date: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Renter's Name (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Renter's Phone # (if applicable): \_\_\_\_\_

### SERVICE ADDRESS

Address: \_\_\_\_\_ CRESCENT, PA 15046

Parcel ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If known)

### BILLING ADDRESS

Same as listed above

Different billing address (complete information below)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

All Crescent Township residents will be billed for garbage **ANNUALLY** by Crescent Township on your tax bill.

**§640.07:** The failure to receive a bill for collection and disposal charges shall not relieve the owner(s) or occupant(s) of the duty to pay said charges as the benefit of collection and disposal of solid waste benefits both the owner(s) and occupant(s) of real property which is subject to said charges.

I certify the above information is correct and accurate. I am aware as an owner of the property listed above, I am responsible for the yearly garbage fee, and keeping my billing information up to date. In the event my property becomes vacant for an extended period of time, please contact the Crescent Township Office.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

#### SUBMIT COMPLETED FORM TO:

Fax to: 724-457-2045  
Attn: Tax Collector

Mail to: Morgan Withee  
PO Box 65  
Crescent, PA 15046

Email to: info@crescenttownship.com