

BOROUGH OF HELLERTOWN

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PURCHASE EXTRA RECYCLING BINS

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

NAME:

PROPERTY LOCATION:

OWNER ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

NUMBER OF BINS: 1

2

X \$10.00 = \$

3

APPLICANTS SIGNATURE:

DATE:

FOR OFFICIAL USE ONLY

DATE PAID:

CASH:

RECEIVED BY:

CHECK: