



## APPLICATION FOR WAIVER FROM THE WASTE COLLECTION CENTER VOLUME LIMITS POLICY

I hereby provide the following information to the Northampton County Administrator's Office for the purpose of requesting a waiver from the County's Policy regarding solid waste volume limits which may be disposed of at the Waste Collection Centers. I understand that this waiver is NOT valid if I choose to deposit the solid waste at the Northampton County Transfer Station.

Applicant Name, Address & Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I am collecting residential solid waste from the following community members, of my own free will and WITHOUT CHARGE. I understand that these individuals may be contacted by the County Administrator's Office for confirmation of my statement.

Reference #1 \_\_\_\_\_

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

Phone: \_\_\_\_\_

Reference #2 \_\_\_\_\_

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

Phone: \_\_\_\_\_

Reference #3 \_\_\_\_\_

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

Phone: \_\_\_\_\_

(Please utilize additional sheets if needed)

Frequency of Collection: \_\_\_\_\_

Anticipated Volume (i.e., Number of Bags) Per Collection Trip:  
\_\_\_\_\_

Vehicle Typically Used (Make, Model, Color): \_\_\_\_\_  
\_\_\_\_\_

Waste Collection Center Utilized: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I also understand that I may be asked to reconfirm/resubmit the above-stated information annually.

Name: \_\_\_\_\_  
(Signature)

Date submitted: \_\_\_\_\_

<b>APPROVED BY THE NORTHAMPTON COUNTY ADMINISTRATOR'S OFFICE</b>	
_____ Signature	_____ Date
_____ Name & Title	