

BOROUGH OF LEWISTOWN

Mar-07

REFUSE ACCOUNT EXONERATION

Account Number _____

(1) Applicant's Name _____

(2) Service Address _____

(3) Owner's Name _____

(4) Mailing Address _____

(5) Reported Date of Vacancy Began _____

(6) Reported Date of Vacancy Ended _____

PLEASE NOTE: Investigations will be conducted by the Administrative Staff, the Building Inspection Code Enforcement Department, and the Police Department to verify the status of any property reported as vacant on this form.

(7) Under the criminal penalties of Section 4904 of the Pennsylvania Crimes Code, for making a false statement to a public official or public body, I hereby verify to the Borough of Lewistown that:

{ } I am the individual named on Line (1);
-- OR --

{ } I am a representative of the owner and/or applicant named on Line (1); I am authorized by that person, group, or organization to act on its behalf in making and signing this Application,

and the facts set forth in this Application are true and complete to the best of my knowledge. I understand (and the person, group or organization on whose behalf I am acting understands) that the Borough is under no obligation to approve this Application if deemed to be non-eligible.

(Date)

(Signature)

(Print Name)

(This area for office use only - do not write in this area)

Signature of Borough
Agent Taking Report _____

Amount of Credit _____