

CITY OF NEW CASTLE
REQUEST FOR EXCLUSION FROM RESIDENTIAL CURBSIDE
MUNICIPAL WASTE COLLECTION PROGRAM
(Article 950, Section 950.19 (c))

This form can only be used by a City property owner that has permission from a business that has a contract with a registered hauler for solid waste and recyclable material removal services, to dispose of municipal waste and recyclable material in a dumpster or other receptacle.

SECTION 1 This section to be completed by the City property owner requesting an exclusion from participation in curbside collection.

Date: _____, 20____

Name: _____

Property
Address: _____

Telephone
Numbers: (____) _____ - _____ (____) _____ - _____

I certify that I will comply with all applicable federal, state and local laws relative to solid waste collection and disposal and processing of recyclable materials.

Date: _____

Signature of property owner

SECTION 2 This section is to be completed by the owner of commercial, industrial or institutional property that has solid waste and recyclable material collection and disposal services through a hauler that is registered with the City and said owner is granting permission to the property owner identified in SECTION 1 above to dispose of municipal solid waste and recyclables at their property.

Name:
(Individual or
Business): _____

Address: _____ Phone: (____) _____ - _____

SECTION 3 This is to be signed by the person identified in SECTION 2 above.

Certification

I hereby certify that I have a written agreement with a licensed hauler, registered with the City of New Castle, Pennsylvania for the collection and disposal of municipal waste and the processing of recyclable materials and hereby grant permission to the individual identified in SECTION 1 above to dispose of solid waste and recyclable materials at my property located SECTION 2 above.

I further certify that the individual identified in SECTION 1 above is my (check appropriate box)

- Employee
- Biological or adoptive parent
- Biological or adopted child
- Biological or adopted sibling
- Step parent
- Step child
- Half sibling
- Step Sibling

I verify that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Date: _____

Signature **(MUST BE NOTARIZED)**

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

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ON THIS _____ day of _____, 20_____, before me, the undersigned authority, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and who acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My commission expires:

Notary Public

This form must be completed and submitted every calendar year.

A copy of the written agreement of the entity identified in SECTION 2 for collection & disposal services MUST BE attached to this form.