

**BOROUGH OF EAST WASHINGTON**  
**15 Thayer Street**  
**Washington, Pa. 15301**  
**724-222-2929**  
**Fax 724-229-4289**

**WASTE HAULING ORDINANCE EXEMPTION FORM**

**PLEASE PROVIDE YOUR INFORMATION:**

Name: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

**Address of Property Owned:**

\_\_\_\_\_  
\_\_\_\_\_

**If your property is a Rental, Names of Current Renters at the Property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please state reasons for request of exemption:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form, I take full responsibility for informing the Borough of East Washington of any changes to the status of my property.**

\_\_\_\_\_

**THIS FORM MUST BE PRESENTED TO COUNCIL AT THEIR NEXT MEETING.**

**APPROVAL GIVEN BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_