

RESIDENT Application Form
Lehman Township Recycling Center
1183 Old 115 Dallas, Pa

Permit (s) # _____
Issued for 20_____

****Proof of Residency is required and must match vehicle registration provided.

Name: (LAST) _____ (FIRST) _____

Address: _____

City, State, Zip: _____

Township/Borough: _____

Phone Number: _____

Car 1: Year: _____ Permit # _____

Make: _____ Model: _____

Color: _____ Plate #: _____

Car 2: Year: _____ Permit # _____

Make: _____ Model: _____

Color: _____ Plate #: _____

Car 3: Year: _____ Permit # _____

Make: _____ Model: _____

Color: _____ Plate #: _____

******Staple and continue on 2nd page if necessary.**

----- FOR ADMINISTRATION ONLY -----

Registration verified and

Permit issued by: _____

Date: _____