



# APPLICATION FOR WOODY WASTE SITE ACCESS CARD



EAST COCALICO TOWNSHIP, 100 HILL ROAD, DENVER, PA 17517

*Please make checks payable to: East Cocalico Township.*

**DIRECTIONS:** Print this application, fill in, and send by: (1) mail, (2) walk-in, or (3) after hours:

- (1) **MAIL:** Send completed application and fee to: East Cocalico Township, 100 Hill Road, Denver, PA 17517. When your application and payment is received, an access card will be mailed back to you. See below for fee & schedule\*. Please make check payable to: East Cocalico Township.
- (2) **WALK IN:** Complete this application and bring to 100 Hill Road, Denver along with check or cash (no debit cards accepted) Mon-Fri 8am-4:00pm. A card will be issued to you on the spot.
- (3) **AFTER HOURS:** Complete this application and place in an envelope along with the proper fee\* (check or cash) and place in the locked drop box located at the Township's front doors (100 Hill Road). When received, an access card will be mailed back to you.

**FEE & SCHEDULE:** The schedule runs January 1<sup>st</sup> thru December 31<sup>st</sup> of every year, the fee is \$15/year. If your startup date is during the middle of the year, the cost is then pro-rated at \$1.25/month, then yearly after that.

PER MONTH PRO-RATE COST											
January	February	March	April	May	June	July	August	September	October	November	December
\$15.00	\$13.75	\$12.50	\$11.25	\$10.00	\$8.75	\$7.50	\$6.25	\$5.00	\$3.75	\$2.50	\$1.25

## WOODY WASTE ACCESS CARD APPLICATION

*TO PRINT & SAVE THE APPLICATION, SAVE TO YOUR DEVICE FIRST BY CLICKING "FILE" THEN "SAVE AS"*

NEW APPLICATION       RENEWAL

Date: \_\_\_\_\_  
(xx/xx/xxxx)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature \_\_\_\_\_

I have received, read, understand, and agree to the Woody Waste rules and regulations.  
By signing this agreement, I will abide by these rules. Please note gate cards can be cancelled for rule infractions.

**BELOW THIS LINE - FOR EAST COCALICO TOWNSHIP USE**

Date Received: \_\_\_\_\_  
(today's date)

Access Card Number: \_\_\_\_\_

Access Card Expired Date: December 31, \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash  Check # \_\_\_\_\_  
year