



CITY OF READING, PENNSYLVANIA

CITIZENS SERVICE CENTER
815 WASHINGTON STREET
READING, PA 19601-3690
1 877 727 3234
WWW.READINGPA.GOV

APPLICATION FOR TRASH COLLECTION

SERVICE ADDRESS: _____

House Apartment # of units _____

OWNER'S INFORMATION:

Name: _____

Phone: () _____

Address: _____

Requested Start Date: _____

I am interested in participating in the City of Reading trash collection program. I understand that **as an Owner** and resident of a residential property with four (4) or fewer units, in the City of Reading, I will be included in the following City contracted trash collection system:

- ❖ Weekly Curbside collection of eight (8) bags of trash (35 gallon).
- ❖ One (1) bulky waste item to be collected weekly.
- ❖ You will be billed quarterly in the amount of \$50.91.

Payment of the annual municipal waste collection and disposal fee must be prepaid, prior to being accepted into the program; quarterly payments will be also accepted. The City will notify each property owner of their collection schedule and 1st day of service. City contracted services will be established on a annual basis and will continue, after the first year unless notified by the owner within 30 day of the termination date, requesting services to be discontinued. Properties which are sold and are included in the program will continue to be included until the end of the annual contract. **It is then the owner's responsibility to notify the city, if they do not wish to be included, after that period.**

****MUST BE IN WRITING****

****Please submit your payment in the amount of \$_____ for your first quarter of trash service.****
You will be billed quarterly in the amount of \$50.91 quarterly thereafter.

Signature: _____

Date: _____

