

German Township

WASTE COLLECTION BILLING DEPARTMENT
12102 State Route 725 West, Germantown, Ohio 45327-9761
(937) 855-7882 GTWPTrash@woh.rr.com

WASTE COLLECTION CREDIT REQUEST

Date: _____

Account # _____

I request credit on my waste collection account for my property at _____

for the period beginning on _____ and ending on _____ for the following reason:

I am making this request because this property will be vacant during this time period.

I understand that it is my responsibility to inform the waste collection billing office when this property becomes occupied again.

Property owner, please sign below. No credit can be issued without a request form signed by the property owner. Please feel free to call this office with any questions.

Property Owner PRINTED Name

Property Owner SIGNATURE