

German Township

WASTE COLLECTION BILLING DEPARTMENT
12102 State Route 725 West, Germantown, Ohio 45327-9761

Laurie Rohrbach

(937) 855-7882

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(s):

I understand that it is my responsibility to inform the zoning 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 the zoning office with any questions.

Property Owner PRINTED Name

Property Owner SIGNATURE