



TOWNSHIP OF WHITEHALL

Office of the Tax Collector
3221 MACARTHUR RD, WHITEHALL PA 18052

REQUEST FORM FOR SECOND 95 GALLON REFUSE TOLER

Taxpayer Name: _____

Garbage Bill #: _____

Billing Year: _____

Address of Property Owner: _____

Telephone Number: _____

Email of Property Owner: _____

Home purchased: _____

SIGNATURE: _____ DATE: _____

REQUEST FORM TO RETURN SECOND 95 GALLON REFUSE TOLER

Taxpayer Name: _____

Garbage Bill #: _____

Billing Year: _____

Address of Property Owner: _____

Telephone Number: _____

Email of Property Owner: _____

Home purchased: _____

SIGNATURE: _____ DATE: _____

Whitehall Township Tax Office Information

Garage Bill Updated E TaxTrax Yes _____ Date _____

Garbage Bill Paid Yes _____ Date _____

Taxpayer who paid the deposit name and address if known _____

Attachments: Moving Permit Copy of Paid Bill Copy of LC Assessment

Reviewed and approved Treasurer _____

Distribution: Public Works Dispatcher via email and Finance Director via email.