

SWATARA TOWNSHIP ON-LOT DISPOSAL SYSTEM (OLDS)
INSPECTION PROGRAM

REGISTRATION

Please complete the below information and mail with your check in the amount of \$50.00, payable to Swatara Township. Your Parcel ID # is listed on the enclosed letter.

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Parcel ID: _____

Property Address: _____

City, State, Zip Code: _____

FOR TOWNSHIP USE ONLY

OLDS 1 District – June 2014 – June 2015 []

Cash _____

OLDS 2 District – June 2015 – June 2016 []

Check # _____

OLDS 3 District – June 2016 – June 2017 []

Date Recd. _____

Initials _____

Notes: _____