



GREASE DISCHARGE APPLICATION

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownshippa.gov

PROPERTY OWNER INFORMATION

Property Owner: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

BUSINESS INFORMATION

Business Name: _____

Business Description: _____

Tax Map ID No.: _____

Annual permit fee as adopted by the Board of supervisors shall be applied annually to the permittee's January sewer service bill.

It shall be the responsibility of the applicant to provide Tobyhanna Township with, and thereafter keep the township continuously advised of the correct mailing address. Failure of any owner to receive a bill for charges due and payable shall not be considered an excuse for nonpayment.

As a condition precedent to the granting of a permit, the permittee under this section will agree to hold harmless the township or township employees from any liabilities arising from the permit holder's operations under this permit.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE—FOR TOWNSHIP USE ONLY

Zoning Officer: _____ Date: _____

Permit No.: _____