TOWNSHIP OF WEST ORANGE

25 LAKESIDE AVENUE, WEST ORANGE, N.J. 07052

DEPARTMENT OF ENGINEERING

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Mayor

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APPLICATION FOR REIMBURSEMENT FOR SNOW REMOVAL COSTS PURSUANT TO CHAPTER 11 OF THE REVISED GENERAL ORDINANCES OF THE TOWNSHIP OF WEST ORANGE

(PLEASE TYPE OR PRINT)

1. NAME: _____ 2. TELPHONE NUMBER: _____

3. STREET ADDRESS: _____

4. BLOCK: _____ LOT: _____ (FOR WHICH REIMBURSEMENT IS SOUGHT)

5. NAME OF ASSOCIATION OR GROUP: _____

6. ADDRESS: _____7. NO. OF UNITS_____

8. NAME OF FIRM PROVIDING SERVICE_____

9. PRESENT SNOW COLLECTION COSTS_____(WEEKLY, MONTHLY, YEARLY)

10. SERVICE PAYMENTS MADE BY ( ) INDIVIDUAL ( ) ASSOCIATION ( ) OTHER (SPECIFY)_____

11. TOTAL AMOUNT OF REIMBURSEMENT SOUGHT: _____

12. PERIOD FOR WHICH REIMBURSEMENT IS SOUGHT: _____;

13. ENCLOSE COPIES OF ALL BILLS FOR WHICH REIMBURSEMENT IS SOUGHT.

14. COPY OF SERVICE AGREEMENT OR CONTRACT.

APPLICANT'S CERTFICATION

I certify that the foregoing statements and information are true to the best of my knowledge and belief. I am aware that if any of the foregoing is willfully false, I am subject to punishment.

BY: _____ TITLE: _____DATE: _____

PLEASE RETURN APPLICATION AND COPIES OF BILLS TO:
TOWNSHIP ENGINEER
TOWNSHIP OF WEST ORANGE
25 LAKESIDE AVENUE
WEST ORANGE, NJ 07052

(BELOW FOR OFFICIAL USE ONLY)

APPROVALS: Chief Financial Officer_____

Director of Engineering_____