

**SPRINGFIELD TOWNSHIP
RUBBISH REBATE CLAIM FORM**

FOLIO NO. _____

CLAIMANT'S NAME	LAST	FIRST	MIDDLE INITIAL
ADDRESS (NUMBER AND STREET)			
CITY OR POST OFFICE	STATE	ZIP CODE	

<u>For Township Use Only</u>	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
_____ SIGNED	

CLAIMANT: I understand that any person making an excessive claim with fraudulent intent shall be subject to criminal penalties upon conviction thereof, and I declare that This claim is true, correct and complete to the best of my knowledge and belief and this is the only claim by members of my household. (Please bring your State Rebate Form and your current year Refuse Payment Receipt)

PREPARER: I declare that I prepared this return and that it is to the best of my knowledge and belief true, correct and complete.

SIGN HERE _____
CLAIMANT'S SIGNATURE (CLAIMANT MUST SIGN) DATE

SIGNATURE OF PREPARER (IF OTHER THAN CLAIMANT) DATE

CLAIMANT'S PHONE NUMBER (INCLUDE AREA CODE)