



TOWNSHIP OF SPRING

BERKS COUNTY, PA
2850 WINDMILL ROAD
READING, PA 19608
Tel. (610) 678-5393
Fax. (610) 678-4571
Website: springtwpberks.org

REQUEST FOR REFUND

TO: TOWNSHIP OF SPRING BOARD OF SUPERVISORS

FROM: Name: _____

Address: _____

City, State, Zip _____

Property Tax ID# _____

I herewith request a refund in the current Trash and/or Recycling Charge in the amount of _____ for Trash *(TO BE FILLED IN BY OFFICE STAFF)*

_____ for Recycling *(TO BE FILLED IN BY OFFICE STAFF)*

The reason for the request is: *(Explain reason):*

Thank you for your consideration to this request.

Signature: _____

Date: _____

For Office Use:

Received Date _____ Amount of refund approved _____

Authorized Signature _____

Check No. _____ Check Date _____ Check Amount _____