



City of Williamsport

245 West 4th Street · Williamsport, PA 17701
(570) 327-7500

Public Works

(570) 326-4684

Commercial/Institutional Keycard Registration Form

Date: _____

| Contact Information | | |
|--------------------------|------------------|--------|
| First Name: | Last Name: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Alternate Phone: | Email: |
| Drivers' License Number: | | |

| Vehicle/Trailer Information | | |
|--|-------------------|-------|
| Max 10 vehicles/trailers, must be registered to a listed entity: | | |
| | | |
| VEHICLE/TRAILER 1 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| | | |
| VEHICLE/TRAILER 2 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| | | |
| VEHICLE/TRAILER 3 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |

| | | |
|---------------------------|-------------------|-------|
| VEHICLE/TRAILER 4 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| VEHICLE/TRAILER 5 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| VEHICLE/TRAILER 6 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| VEHICLE/TRAILER 7 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| VEHICLE/TRAILER 8 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| VEHICLE/TRAILER 9 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |
| VEHICLE/TRAILER 10 | | |
| Make: | Model: | Year: |
| Tag: | Registered Owner: | |

Compliance Information

I certify that I am the owner/tenant/responsible party of the above-listed property within the City of Williamsport, and I have read the attached rules and regulations and hereby agree to follow all rules and regulations pertaining to the City of Williamsport Brush/Mulch Recycling Collection Area and key card registration. I understand that violation of any of these rules and regulations will result in forfeiture of privileges to use the Brush/Mulch Recycling Collection Area and termination of key card access. I agree to make known to the household member (additional responsible party) listed, the terms and conditions for use of the Brush/Mulch Recycling Collection Area and key card access and agree to take responsibility for their actions while using my key card. Additionally, I acknowledge the above information is true and correct.

Applicant Signature:

Official Use Only

Approved by:

Keycard HID #:

Public Works Administrator

Fees Due: \$5.00 / \$10.00

Paid

Fees processed by: