

DUMPSTER REQUEST

Board of Public Works & Safety
City of Logansport, Indiana

Date: _____

Request permission to leave dumpster at job site:

Name: _____
Address: _____
City/St _____
Phone #: _____

Contractor name: _____
Address: _____
City/St/Ph #: _____

Reason for dumpster use: _____

Location of dumpster: _____
Size of dumpster: _____
Start date: _____ Finish date: _____

Dumpster Company: _____ Phone#: _____

DRAW A DIAGRAM BELOW OF WHERE THE DUMPSTER WILL BE LOCATED:

RESIDENT SHALL PLACE SAFETY CONES AT OUTER CORNERS OF DUMPSTER WHEN PLACED ON STREET IF THERE IS NO REFLECTIVE TAPE ON THE CORNERS OF DUMPSTER

Approved:

___ Yes, with the following condition(s): _____

___ No (reason): _____

Street Commissioner signature: _____

Approved by the Board of Public Works & Safety: Date: _____ Signature: _____