



TEMPORARY STORAGE UNIT REGISTRATION

(Each lot is limited to register **one unit** per six month period.)

Name: _____

Address: _____

Daytime Telephone No: _____

Size of Unit: _____

Delivery Date: _____

Removal Date: _____

The Unit shall be located at address for a maximum of thirty consecutive days, including days of delivery and removal.

Supplier's Name: _____

Supplier's Telephone No. _____

Unit location on property: *(Give a brief description and attach sketch.)*

The unit shall only be placed upon or within a driveway or a parking area or, if access exists at the side or rear of the lot, the side or rear yard.

No unit shall be placed upon or within public property or a public place including without limitation, a street, sidewalk or outlawn.

Signature

Date

City Services Approval

Date