



TEMPORARY RUBBISH CONTAINER REGISTRATION

**Print Registrant
Name:** _____

Address: _____

Telephone No: (____) _____ **Cell:** (____) _____

Size of Unit: (Not to exceed 5'H X 8'W X 22'L) _____

Delivery Date: _____ **Removal Date:** _____

Building Permit No.: _____ (if applicable)

Supplier's Name: _____ **Tel:** (____) _____

Describe and sketch the location on the property. *(The unit shall only be placed upon a driveway or parking area, or if access exists, in the side or rear yard. No unit shall be placed upon public property including streets, sidewalks or outlaws. Limit one unit per address.)*

City Service Department Use only below this line.

City Services Approval Signature

Date

Registration Expiration Date: _____

First Extended Expiration Date: _____

Second Extended Expiration Date: _____

Final Extended Expiration Date: _____