



2 RACE STREET EDGEWOOD PA 15218 PHONE: 412-242-4824 FAX: 412-242-4026 - BOROUGH OFFICE HOURS M-F: 8:30am TO 5pm

APPLICATION FOR ON-STREET DUMPSTERS / P.O.D.S.

APPLICANT

Name: _____ Date: _____

Address: _____

Phone: _____ - _____ Alt Phone: _____ - _____

Emergency Contact*: _____ Phone: _____ - _____

**Must be available during work*

DUMPSTER / POD(S)

Location requested: (street address) _____

Dumpster/POD to be placed on: _____ street _____ alley _____ sidewalk _____ other

Size of Dumpster or POD: _____ Number of units: _____

Contact Number for dumpster company or PPD service: _____ - _____

REASON FOR REQUEST

Type of project: _____

Length of time Permit needed: _____

By signing, applicant agrees to comply with the boroughs dumpster ordinance and agrees to comply with all other borough ordinances and applicable regulations.

Signature of Applicant: _____

Printed name: _____

BOROUGH USE ONLY

Conditions: _____

_____ Approved _____ Rejected _____ Fee paid\$ _____ Cash _____ Check # _____

EDGEWOOD BOROUGH MANAGER

EDGEWOOD POLICE DEPARTMENT

DATE