

**CITY OF CRESTVIEW HILLS
DUMPSTER OR STORAGE UNIT PERMIT**



DATE OF REQUEST _____

TERM OF PERMIT: *START DATE* _____ *END DATE* _____

RESIDENT _____

ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PERMIT REQUEST (CIRCLE)

ROLL OFF DUMPSTER

TEMPORARY STORAGE UNIT

NAME OF PROVIDER

TELEPHONE NUMBER

The City permits a temporary storage unit or dumpster for a period up to two consecutive weeks to residents. Additional time may be granted depending on the nature of the project or construction purposes.

AUTHORIZED DATES FROM: _____ TO: _____

CITY OFFICIAL _____ (print)

_____ (signature)