



BOROUGH OF KANE

APPLICATION FOR DUMPSTER PLACEMENT PERMIT

Date Issued _____

Applicant Name: _____ Phone: _____

Solid Waste Haulers's Name: _____

Placement of Dumpster Address/Location: _____

Reason for Dumpster Placement: _____

Requested Length of Time for Dumpster Placement: _____

NOTE: THIS PERMIT IS VALID ONLY FOR THE TIMEFRAME SPECIFIED ON THIS PERMIT.
ANY EXTENSTION MUST BE APPROVED BY THE BOROUGH MANAGER.

Approved By: _____ Date: _____

Permit Expiration Date: _____

Permit Number: _____

CC: Kane Borough Police Department