



CITY OF
MARION
LOVE YOUR CITY
MAYOR BILL COLLINS

DUMPSTER PERMIT

Date: _____

Applicant Name: _____

Applicant Address: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Address of Dumpster Placement: _____

Nature of work for dumpster: _____

Proposed Dumpster Placement Date: _____ # of Days _____

Name of Company Providing Dumpster: _____

Company Contact: _____

Company Phone: _____

This Dumpster Permit is issued for a dumpster that will be located on street, in alley/alleyway, or right-of-way area. Applicant hereby certifies that the above information is correct and that I am the legal owner of the property or have been authorized by the owner to complete the application for the dumpster permit described above and to conduct all activity in accordance with e laws and ordinances of the City of Marion and conditions of this permit.

Signature: _____ Date: _____

Printed Name: _____

Applications are to be submitted as follows:

City of Marion
 Director of Public Safety Office
 233 W. Center St.
 Marion, OH 43302

For Internal Use Only

Application Approved: _____ Approved Dumpster Placement Date: _____ Required Dumpster Removal Date: _____

Application Denied: _____ Location of Dumpster Approved: Street (curb) _____ Alley/Alleyway _____ Right-of-Way _____

- Special Notations -

City Signature: _____ Date: _____
Safety Director, Service Director, or Mayor

Printed Name: _____

