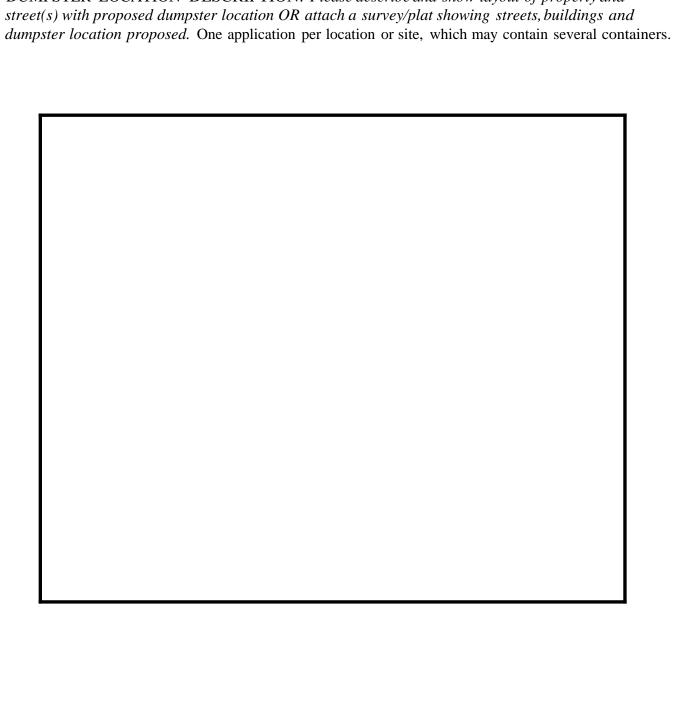
CITY OF HAMMOND <u>DUMPSTER PERMIT APPLICATION (Bulk Waste Container)</u>

FILING DATE:_____ PERMIT#_____

(Name of PERSON filling out application)	1	,		
APPLICANT NAME: First Name		Last Name		Other ntractor
COMPANY NAME.		DI	nama (
COMPANY NAME:		PI	ione ()_	
Mailing Address: Street Name & Number or PC) Box	City	State	Zin
Email:		- 3		ľ
PARCEL #_	_			
DUMPSTERS WILL BE LOCATED AT	THE FOLLOWI	NG ADDRESS:		
Street Number/Street Name:				
PROPERTY OWNER: First Na	ame	MI		Last Name
Mailing Address: Street Name/Street Number	DO D	- Cit	G	
				•
Telephone: ()		Fax: ()		
<u>CONTRACTOR</u>				
Dumpster Company Contact Person:				
Phone # () First	Name MI	Last Name		
Email:			Fax # ()_	
Dumpster Company Name:				
Dumpster Company Address:	or PO Box Number	City	State	Zip
Silect	or respectively.	Chy	State	2.17
PERMIT INFO	PERMIT	FEES: Renewal		\$ 15.00 \$ 20.00
				\$ 20.00 \$ 5.00 EA
Are you purchasing or leasing containers?	DPurchasing	DLeasing		
		_	iner(s):	v
NAME of Business or Apartment comple				_^
Business or Apartment Name				
TAG/PERMIT#				
	(00 00 4551g.	out of Dunuing Dept		
N REVERSE SIDE OF APPLICATION	ON PLEASE DE	SCRIBE & SHOV	V LAYOUT (OF DUMP
CATION.				
Applicant's Signature		Date		
P b		Duic		
**************************************	OR OFFICE USE ON	JLY**********	*****	*****
	APPROVAL:			
it Amount: k Number:	[
Cash	Building Offic		Date	
Paid:/	or Building Ins	nector		

or Assistant Code Enforcement Officer



DUMPSTER LOCATION DESCRIPTION: Please describe and show layout of property and