City of Piedmont DROP BOX – DUMPSTER APPLICATION

Project Address:	<u> </u>	
Property Owner:		
Owner Address:		Phone:
Dates Requested: F	From	То
Location:		
Type of Drop Box:	☐ Mixed Recyclables	☐ Separated Recyclables
	☐ Green Recyclables	Solid Waste (Trash)
APPLICANT (if oth	er than above):	
Name:		
Company:		
Address:		
Business Phone:	IONS: 1. Must maintain	Cell Phone: a minimum of 20 foot egress for emergency apparatus
Business Phone:	IONS: 1. Must maintain 2. No parking sig	Cell Phone:
Business Phone:	IONS: 1. Must maintain 2. No parking sig	Cell Phone:
Business Phone: SPECIAL CONDITA NOTE: All d	IONS: 1. Must maintain 2. No parking sig umpsters must be ordered Y: \$67 FEE PAID	Cell Phone:
Business Phone: SPECIAL CONDITA NOTE: All d OFFICE USE ONL	IONS: 1. Must maintain 2. No parking sig	Cell Phone:
Business Phone: SPECIAL CONDITA NOTE: All d OFFICE USE ONL Approved Denied Approved	IONS: 1. Must maintain 2. No parking sig umpsters must be ordered Y: \$67 FEE PAID	Cell Phone:

Revised 7/1/2022