

## **DUMPSTER PERMIT**

Name:			
Mailing Address:			
Garbage Hauler:			
Location of Dumpster:			
Date Dumpster to be Placed: _			
Permane	nt Dumpster (\$10 annua	al fee)	
Tempora	ry (30 days or less) Dun	npster (\$5 fee)	
Receipt #:	Amount Paid:		
	derstand that failure to	sted in Chapter 105 of the City Code of follow the guidelines for dumpsters ma	
Signed this da	y of	, 20	
	Signature of A	Applicant	
**********	*******	************	*****
I HEREBY CERTIFY that the ab	ove applicant has compl	lied with the provisions of Chapter 105	of the
Maquoketa City Code of Ordina	nces. This application is	is hereby approved and accepted this	
day of	, 20		
	City Manager	<del></del>	