Catawissa Borough

307 Main Street
Catawissa, PA 17820
Phone: (570) 356-2561 *Fax: (570) 356-2794*

TEMPORARY USE OF TRASH RECEPTACLE IN CATAWISSA BOROUGH PERMIT

Name: _____

Address: _____

_____

Phone No.: _____

Location of Trash Receptacle Address:

_____

_____

Date of Use of Receptacle:

_____

PERMIT NUMBER:_____

Pursuant to Catawissa Borough Ordinance No. 99-2, permit shall be valid for a period not to exceed thirty (30) days under special circumstances a permit may be extended beyond the thirty (30) day period with approval of Catawissa Borough.

Applicant agrees to abide by the conditions and regulations contained in Catawissa Borough Ordinance No. 99-2 (please see reverse side to view ordinance.)

_____

Date Permit Issued *Applicant Signature* *Code Enforcement Officer Signature*

ATTACH COPY OF RECEIPT

email: cataboro@catawissaboro.com *website: catawissa.us*