# VILLAGE OF OLYMPIA FIELDS

## DUMPSTER / PERSONAL STORAGE CONTAINERS
## (Per Ordinance # 2008-14)

# NO-FEE APPLICATION

Date Submitted:_____

Reason For Dumpster/Container:_____

Homeowner Name:_____

Homeowner Address: _____

Real Estate Tax ID#: _____

Address of Container/Dumpster Placement:_____

Home Phone Number: _____Cell Number: _____

Name of Container Company:_____

Container Company Phone Number: _____

Type of Container: _____ Dumpster (14-days allowed)
_____ Personal Storage Container (8-days allowed)

Date of Container Delivery: _____

*BE ADVISED: CONTAINERS ARE TO BE PLACED IN DRIVEWAY ONLY*

_____ _____ _____
Approved By Date Expiration Date