

**APPLICATION FOR WATSE DUMPSTER/STREET STORAGE  
PLACEMENT**

INTENDED STREET  
ADDRESS \_\_\_\_\_

(Shall not extend into travel lane of traffic, and must be placed at least twenty (20)  
feet from all road intersections.)

24-HOUR CONTACT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SPECIFICATIONS OF WASTE DUMPSTER/STREET STORAGE  
SIZE \_\_\_\_\_  
CAPACITY \_\_\_\_\_  
OTHER \_\_\_\_\_

NAME OF DUMPSTER OWNER: \_\_\_\_\_  
TELEPHONE NUMBER OF OWNER: \_\_\_\_\_  
(If not listed on Dumpster.)

TYPE AND AMOUNT OF REFUSE TO BE STORED:  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF TIME DUMPSTER/STORAGE WILL REMAIN IN LOCATION:  
\_\_\_\_\_

The duration of this permit shall be thirty (30) days, contingent upon full  
compliance with the regulations and requirements set forth in Ordinance number  
533. Applicant may seek an extension of the permit upon written good cause  
shown to Conway Borough Council.

FEE AMOUNT: \$75.00\*                      Date received: \_\_\_\_\_  
Payable to: Conway Borough              Check # \_\_\_\_\_  
                  801 First Avenue              Cash receipt # \_\_\_\_\_  
                  Conway, PA 15027

\*( \$25.00 non-refundable fee and \$50.00 refundable deposit)

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

CONWAY BOROUGH  
WASTE DUMPSTER/STREET STORAGE PERMIT

Permit # \_\_\_\_\_

PLACEMENT ADDRESS \_\_\_\_\_

24-HOUR CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PERMIT VALID FROM \_\_\_\_\_

TO \_\_\_\_\_

\$50.00 deposit shall be refunded within thirty (30) days after the termination of the permit, provided that no violation of the Ordinance has occurred.

\_\_\_\_\_  
Conway Borough Chief of Police

\_\_\_\_\_  
Conway Borough Secretary