

STORAGE/DUMPSTER PERMIT

City of Glenarden
James R. Cousins Building
8600 Glenarden Parkway
Glenarden, Maryland 20706



"A City on the Move"

Intake
Received by: _____
Date: _____

Application for Dumpster and Storage

Application Number:	Date of Application:	Payment:
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Application Information

Name:		
Current Address:		
City:	State:	Zip Code:
(Please Circle) Own	Rent	
Phone:	Work:	Fax:

Storage Dumpster

Company:	Phone:	Fax:
Address:		
I hereby certify that I am the property Owner, that the application is correct, and that the Storage/Dumpster will be placed legally, and use located on the same property as appropriate.		
Signature of Applicant:	Date:	