BOROUGH OF OAKMONT

DUMPSTER & STREET STORAGE APPLICATION

767 FIFTH STREET
OAKMONT, PENNSYLVANIA 15139
PHONE 412-828-3232
FAX 412-828-3479

PERMIT NO. _____

Property Owner Name:	Address:
Cell Phone :	Home Phone:
Name of Company providing Dumpster:	Address:
Daytime Phone:	Evening Phone:
Dumpster Dimensions:	Dumpster Location:
Do You Have a Driveway? (Circle One) **YES NO**	Installation & Removal Dates: **FROM: TO:**

I hereby Certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to possible revocation of any permit issued as a result of my false application and such other penalties as may be prescribed by law

I, We _____, intending to be legally bound, promise to indemnify, save harmless and defend the Borough, its officials, agents, servants, and employees and each of them, against and hold it and them harmless from any and all lawsuits, claims demands, liabilities, losses and expenses, including court costs and reasonable attorneys' fees for or on account of any injury to any person or any damage to any property including the waste dumpster which may arise or which may be alleged to have arisen out of or in connection with the placement or utilization of a waste dumpster and/or storage on as street within the Borough.

_____
Signature of Property Owner

_____
Print Name

_____
Date

BOROUGH USE ONLY

POLICE DEPARTMENT	BOROUGH MANAGER
Approved ☐ (If on Borough Street) Denied ☐	Approved ☐ Denied ☐
_____ Date	_____ Date
_____ David DiSanti, Chief of Police	_____ L. C. Jensen, Borough Manager

DUMPSTERS MUST HAVE REFLECTIVE TAPE ON BOTH ENDS.