

BOROUGH OF OAKMONT

767 Fifth Street
 Oakmont, Pennsylvania 15139
 Phone: (412) 828-3232
 Fax: (412) 828-3479



DUMPSTER PERMIT APPLICATION

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)	Installation & Removal Dates:
YES NO	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
 Approved (If on Borough Street)
 Denied

 Date

 Michael J. Ford, Chief of Police

BOROUGH MANAGER
 Approved
 Denied

 Date

 Borough Manager

DUMPSTERS MUST HAVE REFLECTIVE TAPE ON BOTH ENDS.