



**TOWN OF GILCREST
ROLLOFF DUMPSTER PERMIT
APPLICATION**

FEE \$25.00

NAME/BUSINESS: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

PURPOSE OF REQUEST: _____

PLACEMENT ADDRESS: _____

DATE OF PLACEMENT: _____

DATE OF EXPIRATION (14 DAYS): _____

CONDITIONS: This Permit shall be valid only for 14 days (see expiration date listed above) and only at the location specified above.

DATE

PERMIT HOLDERS SIGNATURE

DATE

AUTHORIZED SIGNATURE