This application is for storage device	Safety		
Applicants Name:	Phone Number:		
Address:	City, State, Zip:		
(If container is being leased, please co	mplete the following)		
Lessor's Name/ Company Name:	Phone	Number:	
Address:	City, State, Zip:		
Container Manufacturer:	Capacit	y:	
Dimensions:	Description of reflectors/	lights:	
Reasons for use of container and for p	lacing container on sidewalk, s	treet, or public property:	
Dates Requested for Placement of Co	ntainer:		
From:	То		
Proof of insurance: Must			
<u>Must</u>	provide a certificate of Insura	<u>nce</u>	
TO BE COMPLETED BY THE BOROUGH			
Police Department Approval:	Date:		
Status of Permit: Approved	Denied		
Please state the reason for denying the peri	mit, if applicable.		
Signature of Borough Manager/Secretary: _		Date:	