



CARDBOARD DUMPSTER REMOVAL REQUEST FORM

APPLICATION INFORMATION		
Billing Name:		
Billing Address:		
Dumpster Address:		
Home #:	Cell #:	Work #:

DUMPSTER INFORMATION								
Dumpster Size:	2 yd.		4 yd.		6 yd.		8 yd.	
Dumpster Location:								
Date that you would like dumpster removed:								
<small>I hereby request removal of a dumpster as shown above. I agree to release the City of Oberlin, its employees and agents, from liability for damages resulting from the removal and servicing of the dumpster, including, but not limited to damage to driveways, shrubbery, sidewalks, and other property.</small>								
Applicant Signature:						Date:		
Please print name:								

OFFICE USE ONLY	
Date given to GMD Supt.:	Date Removed:
Crew Signature:	

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