

**CITY OF GALESVILLE  
APPLICATION FOR DUMPSTER PERMIT**

Date: \_\_\_\_\_

**To the Common Council of the City of Galesville, Wisconsin:**

As required in Ordinance Section 8-3-5, Approved Waste and Refuse Containers, I hereby make application for a dumpster permit for the premises described below:

Premise Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dumpster Supplier: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supplier's Address: \_\_\_\_\_

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date application received: \_\_\_\_\_

Date reported to Common Council: \_\_\_\_\_

Approved: Yes / No