

MALVERN

BOROUGH OF MALVERN

**1 E. FIRST AVENUE
P.O. BOX 437
MALVERN, PA 19355**

PHONE: 610-644-2602

FAX: 610-644-4504

APPLICATION FOR DUMPSTER PERMIT

PERMIT NO. _____

DATE _____

APPLICANT _____

Name of Owner (Please Print)

Address

Phone#

ADDRESS LOCATION OF DUMPSTER _____

TAX PARCEL NUMBER _____

FEE\$ _____

_____ OWNER

(Signature)

___ APPROVED

___ DISAPPROVED

_____ CONTRACTOR

DATE _____

_____ (Address of contractor)

_____ (Phone #)