



COMMERCIAL DUMPSTER REMOVAL REQUEST FORM

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

DUMPSTER INFORMATION						
Dumpster Size:	2 yd.	3 yd.	4 yd.	6 yd.	8 yd.	Other
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	
Crew Signature:	
Date Removed:	Date give to GMD Supt.:
Mo. Dumpster Charge:	Date sent to finance office:

