

CITY OF ASTORIA 1095 DUANE ST ASTORIA, OR 97103 (503) 325-5821

DUMPSTER PARKING PERMIT AGREEMENT

Date:						
APPLICANT I	NAME:					
BUSINESS N	AME:					
ADDRESS:						
	NUMBER:					
PURPOSE:						
BEGINNING DATE:		ENDING DATE:				
dumpster For office use	•	place th	e permit dire	ctly on th	e dumpster	
CODE: NPB	R					
** <u>Before tak</u>	ing payment, make su	re Occuj	oational Tax I	has been j	paid for the curr	ent year *
Rental Fees:	Fees: \$5.00 per day \$100.00 per 3 months					
TYPE OF PEI	RMIT (CIRCLE ONE):	DAY	WEEK	MONT	H YEAR	
Date Paid:		Number of Vehicles Paid For:				
Amount Paid		Receip	ot #:			