

City of Glenarden
"A City on the Move"
8600 Glenarden Parkway
Glenarden Maryland 20706



Intake
Received by: _____
Date: _____

Applicant for Dumpster and Storage

Application Number:	Date of Application:	Payment:
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Application Information

Name:		
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)		
E-mail:		
Phone:	Work:	Fax:

Storage/Dumpster

Company:	Phone:	Fax:
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Address:

I hereby certify that I am the property owner, that the application is correct, and that the Storage/Dumpster will be placed legally and use located on the same property as appropriate.

Signature of applicant:	Date:
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