

# 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 \_\_\_\_\_

FEES\$ \_\_\_\_\_

\_\_\_\_\_ OWNER

(Signature)

\_\_\_ APPROVED

\_\_\_ DISAPPROVED

\_\_\_\_\_ CONTRACTOR

DATE \_\_\_\_\_

Courtesy of [www.DomesticDumpster.com](http://www.DomesticDumpster.com)

(Address of Contractor)

(Phone #)