

Delanco Police Department 770 Coopertown Road

Delanco, New Jersey 08075



Lieutenant of Police

TEMPORARY STREET DUMPSTER/STORAGE UNIT PERMIT FORM

Date of Application:		Permit Fee: \$30.00 (For 10 days)	
Home Owner's Contact Inf	formation:	(Checks make payable to Delanco Township)	
Name:			
ddress:			
Phone Number:			
Contractor or Dumpster/St	torage Unit Owner's Informa	tion: (Circle One)	
Name:			
Address:			
Contractor or Dumpster/Stor	age Unit Owner's Phone Numb	er:	
Date of Delivery:	Date of	of Removal:	
Jumber of Dumpsters/Storage Unit: Dumpster's/Storage Unit Size:			
Reflection Tape or Cones around Dumpster/Storage Unit: Yes or No (Circle one) Do you have a driveway? Yes or No (Circle One)			
Permit Number:	Date Paid:	Paid By: Check # Cash	
Chief Approval:		Date:	
Chief Denied:		Date:	
Reason for Denial:			
Extension Request for	days. (5 days maximum.)	Date Extended to:	
Chief Approval:		Date:	