



Naugatuck Police Department

211 Spring Street Naugatuck, Connecticut 06770

Telephone: (203)729-5222

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Waste Container Placement Application

1. Applicant

Name: _____ DBA: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Purpose for container placement: _____

2. Description of Location – Use reverse side for diagram

Tentative dates of container placement: _____ to _____

Location of container: _____

Name of resident (if any): _____ Telephone: _____

Will any traffic signs be obscured by the container's placement? (*No parking, Speed Limit, School Crossing, Road Advisories, Curve, etc.*) Yes () No ()

If yes, describe type: _____

3. Carting Disposal Company

Name: _____

Contact Person: _____ Telephone: _____

Container to be equipped with: Flashing Lights () Reflectors () Other ()

Size of Container: 5 Yard () 10 Yard () 18 or 20 Yard () 30 Yard () Other () Describe: _____

4. Describe the nature of the hardship or extraordinary circumstances qualifying this application for consideration:

Signature: _____ Date: _____