

City of Union

118 North Main St. Union, Ohio 45322
(937) 836-8624 Fax (937) 836-1240
www.unionoh.org

APPLICATION FOR TEMPORARY STORAGE PERMIT

NAME _____

ADDRESS _____

PHONE NUMBER _____

COMPANY DELIVERING CONTAINER _____

COMPANY PHONE NUMBER _____

DELIVERY DATE _____ EXPIRATION DATE _____

EXTENSION DATE _____ (if applicable)

FEE \$ 50.00

I understand that the temporary storage container at my property must be placed:

1. On the driveway
2. Out of the street right a way.
3. For a maximum of thirty days unless an extension is granted.
4. Storage container is not permitted on the street.

Signature _____

Date _____