

CITY OF ST. MATTHEWS
3940 GRANDVIEW AVENUE ST. MATTHEWS, KY 40207
(502) 895-9444

APPLICATION FOR PORTABLE STORAGE CONTAINERS

(PLEASE PRINT)

Date _____

Applicant: _____ Address _____

City _____ Zip Code _____ Applicant Phone Number _____

Vendor: _____ Address _____

City _____ Zip Code _____ Applicant Phone Number _____

Type of Container _____

Date Started _____ Date Picked Up _____

Date Started _____ Date Picked Up _____

Fee \$10.00 for each 14 day period. Only two 14 day periods allowed per year

(Signature of Applicant)

(Telephone Number if different from above)

APPROVAL _____
(CODE ENFORCEMENT OFFICER)

(DATE)