

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: _____

Applicant Phone No.: () _____

Vendor: _____

Address: _____

City: _____ Zip: _____

Phone No.: () _____

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)