

**VILLAGE OF SLEEPY HOLLOW
DUMPSTER/CONTAINER PERMIT APPLICATION**

Requested by: _____

Address: _____

Business telephone number: _____

Emergency telephone number: _____

Work site: _____

Address: _____

Date dumpster/container will arrive: _____ depart: _____

Total number of days needed (5 days maximum): _____

Exact placement location requested (include meter number, distance from intersection or driveways, etc.). If necessary, include a map showing requested location:

Before permission can be granted, the applicant must provide to the Village of Sleepy

Hollow: (1) A certificate of insurance;

(2) A \$250.00 deposit plus \$50.00 per day to be paid at the time deposit is refunded (deposit to be refunded after removal).

Note: Container must have flashing lights or barricades with flashing lights.

FOR OFFICE USE ONLY

Police Dept. reviewing officer: _____

Approval recommended: _____ not recommended: _____

Superintendent of Public Works: _____

Permission granted on: _____

Amount received: _____

VILLAGE OF SLEEPY HOLLOW, 28 BEEKMAN AVENUE, SLEEPY HOLLOW, NY 10591 (914) 366-5106