

DONATION BIN ANNUAL PERMIT APPLICATION

3219 California Parkway, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



Form must be completed in ink or typed.

Date: _____

Lot: _____ Block: _____ Subdivision: _____

Bin Location: _____

Organization: _____ Address _____ Phone _____

Organization Contact: _____ Address _____ Phone _____

Description of Bin: _____

Sales Tax Identification Number: _____

501(c)(3): Yes No Attached proof of designation

Name of Persons emptying bin and contact phone number: _____

Number of bins on lot: _____ Number of scheduled emptying days per week: _____

Notice

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES COVERING THIS TYPE WORK WILL BE COMPLETED WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Applicant Signature & Title: _____ Date: _____

Application Accepted By: _____ Date: _____

For Office Use Only

Annual Fee = \$25.00 per Bin

Permit Fee: \$ _____

Approval Issued By:

_____ Date: _____