



**Naugatuck Police Department**  
 211 Spring Street Naugatuck, Connecticut 06770  
 Telephone: (203)729-5222  
 Fax: (203)723-7159



**Waste Container Placement Application**

1. Applicant

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purpose for container placement: \_\_\_\_\_

\_\_\_\_\_

2. Description of Location – Use reverse side for diagram

Tentative dates of container placement: \_\_\_\_\_ to \_\_\_\_\_

Location of container: \_\_\_\_\_

Name of resident (if any): \_\_\_\_\_ Telephone: \_\_\_\_\_

Will any traffic signs be obscured by the container's placement? (*No parking, Speed Limit, School Crossing, Road Advisories, Curve, etc.*) Yes ( ) No ( )

If yes, describe type: \_\_\_\_\_

3. Carting Disposal Company

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Container to be equipped with: Flashing Lights ( ) Reflectors ( ) Other ( )

Size of Container: 5 Yard ( ) 10 Yard ( ) 18 or 20 Yard ( ) 30 Yard ( ) Other ( ) Describe: \_\_\_\_\_

4. Describe the nature of the hardship or extraordinary circumstances qualifying this application for consideration:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_