



RECYCLING/DONATION CONTAINER PERMIT APPLICATION

CONTAINER OPERATOR INFORMATION

[Town of Gilbert Municipal Code Private Recycling Container Requirements](#)

Name:			
Address:			City:
State:	ZIP Code:	Phone:	Fax:

CONTAINER OWNER INFORMATION (IF DIFFERENT FROM OPERATOR)

Name:			
Address:			City:
State:	ZIP Code:	Phone:	Fax:

NON-PROFIT ORGANIZATIONS

Is this by or on behalf of a non-profit organization: Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' give 501(c)(3) #:
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CONTAINER INFORMATION

Container size (ft): (height x width x depth):	Cubic feet:
Container material: Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other (explain) <input type="checkbox"/>	
This container has a closing lid <input type="checkbox"/> - If no, explain:	
Materials to be collected:	
Describe the wording on the exterior of the container: The following contact information must be clearly displayed on the exterior of each bin: Drop box owner's name, address, telephone number and e-mail address. (supply a sketch or photograph if appropriate)	

CONTAINER LOCATION INFORMATION

Address/location of property:			
Location of container on property:			
Owner of property:			
Owner's address:			
City:	State:	ZIP Code:	Phone:
Is this site developed: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no explain):			

EMERGENCY CONTACT PERSON AND PHONE

Day	Name	Phone
Night	Name	Phone

APPLICANT'S CHECK LIST

Site plan/sketch: <input type="checkbox"/>	Copy of owner's Notarized letter of permission: <input type="checkbox"/>	Photo/sketch of lettering: <input type="checkbox"/>
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FOR OFFICIAL USE ONLY

Parcel No: APN-	Zoning classification:	Fee: \$ _____ Paid <input type="checkbox"/>	Receipt #:
Approved - Code Compliance:		Approved - Planning:	
Permit #:	Issue date:	Expiry date:	