



Dumpster/POD Application

Date: _____

Name of Property Owner: _____

Address of Property Owner: _____

Phone Numbers:

Home: _____

Cell: _____

Other: _____

Email Address: _____

Type of Container: _____ Dumpster _____ POD

Name of Dumpster or POD Company: _____

Address of Dumpster or POD Company: _____

Contact Information:

Sales Associate: _____

Phone Numbers:

Office: _____

Cell: _____

Other: _____

Email: _____

Length of time for container: _____ to _____

TO BE COMPLETED BY THE TOWN OF CAMDEN

Approved _____ Denied _____ By: _____

Setbacks: _____ Property Information: _____