



**ORONOQUE VILLAGE CONDOMINIUM
ASSOCIATION
600 North Trail
Stratford, CT 06614
203-377-5313**

DUMPSTER PERMIT

Resident's Name: _____

Resident's Address: _____

Resident's Phone Number: _____

Name of Company: _____

Phone: _____

Date of Dumpster Arrival: _____

Date of Dumpster Departure: _____

I _____ of _____

Stratford, CT, fully understands that the dumpster cannot exceed a maximum of 2 weeks at my unit. The dumpster shall not surpass 20 yards, shall be placed on wooden blocks to prevent any damage to asphalt surfaces, and will be parked on my driveway and not interfere with area neighbors and or traffic. Should the dumpster be filled to capacity prior to departure date, I will immediately contact the company for removal.

I further understand that should I exceed the allotted time period and or any other stipulations set forth I will be billed at a rate of \$25.00 per day for non compliance.

Resident's Signature: _____ **Date:** _____

Approved by: _____ **Date of approval:** _____