



CITY OF PARKWAY VILLAGE

CITY OF PARKWAY VILLAGE TEMPORARY STORAGE UNIT/DUMPSTER PERMIT

LESSEE INFORMATION

FULL LEGAL NAME OF LESSEE _____

DBA NAME (IF ANY) _____

PHONE () _____

UNIT LOCATION:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MODEL NUMBER

EQUIPMENT DESCRIPTION/
SERIAL NUMBER

\$15.00 Payment Received: _____ 15-Day Period _____ to _____

Extension \$25.00 Payment Received: _____ Period: _____ to _____

All payments are to be made to City of Parkway Village at P.O. Box 17092, Louisville, KY 40217.

_____ Date

_____ City of Parkway Village

ParkwayVillage@insightbb.com
www.ParkwayVillageKY.com

