



# City of Baker City

## Public Works Department

### Temporary Dumpster Placement Application

Please return the completed application to the Baker City Public Works Department administrative staff at 1655 1<sup>st</sup> Street, Baker City, OR 97814 or email to [pwsupport@bakercity.gov](mailto:pwsupport@bakercity.gov).

#### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

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

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

Mobile Phone #: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

#### PROJECT INFORMATION

Desire Start Date & Time: \_\_\_\_\_

Desired End Date & Time: \_\_\_\_\_

Address or location of closure: \_\_\_\_\_

#### PROJECT DETAILS

Work to be completed: \_\_\_\_\_

Will the sidewalk be blocked?  Yes  No

Will the area of street used for driving vehicles be impacted?  Yes  No

Are you proposing to place the dumpster in an alley?  Yes  No

***Please provide a sketch showing detail as to where you are requesting the dumpster to be placed or provide a photo of the area. Please specify proximity to intersection if corner lot and/or proximity to property's driveway.***

The applicant agrees, if this request is granted by the city, to hold harmless, indemnify and defend the city, its officers, and employees from and against all claims for personal injury or property damage that arise in connection with the dumpster placement requested. The applicant verifies that he/she has authority to execute this document on behalf of the group.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR CITY USE ONLY**

Approved

Denied

Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date