



## BOROUGH OF SHREWSBURY

419 SYCAMORE AVENUE  
SHREWSBURY, NJ 07702  
PHONE 732-741-4200 x115

### Temporary Trailer/Dumpster Request (Not to exceed 60 days without council approval)

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

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

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

Phone Number: \_\_\_\_\_

Trailer Size: \_\_\_\_\_

Dumpster Size: \_\_\_\_\_  
(Please note location must be 15' from structure)

Reason for Trailer/Dumpster:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Trailer / Dumpster will be placed on property: \_\_\_\_\_

Signature: \_\_\_\_\_

Zoning Department: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

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

Fire Marshal: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

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