

BOROUGH OF PENNSBURG

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CLOTHING DONATION BIN APPLICATION

DATE: _____ PERMIT #: _____

NAME: _____

ADDRESS OF PROPERTY OWNER: _____

PHONE: _____

NAME OF PROVIDER OF DONATION BIN: _____

ADDRESS OF PROVIDER OF DONATION BIN: _____

LOCATION OF DONATION BIN: _____

DATE OF PLACEMENT: _____ DATE OF REMOVAL: _____

DESCRIPTION OF ITEMS TO BE DONATED: _____

DESCRIPTION OF HOW ITEMS WILL BE USED: _____

NAME OF CONTACT: _____

ADDRESS OF CONTACT: _____

PHONE NUMBER OF CONTACT: (not voicemail service): _____

NAME OF PERSON/ENTITY RESPONSIBLE FOR PICK UP: _____

PHONE NUMBER OF PERSON/ENTITY RESPONSIBLE FOR PICK UP: _____

PICK UP SCHEDULE: _____

PLEASE ATTACH SIGNED CONSENT FROM PROPERTY OWNER

OFFICE USE ONLY -----ANNUAL FEE: \$50.00-----No fee for Non Profit entities-----

DATE RECEIVED: _____

CODE ENFORCEMENT/ZONING OFFICER: _____

ZONING OFFICER'S COMMENTS: _____

AMOUNT RECEIVED: _____ CHECK: _____ CASH: _____