## REQUEST FOR TEMPORARY PLACEMENT OF ROLL OFF CONTAINER ON A ROADWAY WITHIN THE BOROUGH OF CORAOPOLIS

Requestor Information:
Name:
Address.
Phone Number:
Homeowners Insurance Carrier:
Policy Number:
Policy Number:
five (\$5.00) Dollars per day for each space so occupied.****
Roll Off Container Company Information:
Name:
Address
Point of Contact:
Phone Number:
insurance Camer.
Policy Number:
Policy Number:
Estimated Time of Placement:
From:
To:
From:
Requestor agrees to assume all costs and responsibilities for the placement and maintenance of Traffic Control Devices required to alert and warn drivers of the potential hazards created by the placement of the roll off container. In addition, the requestor agrees to fully indemnify and hold harmless the Borough of Coraopolis and assumes all liability for damages or injury occurring to any person or property through o in consequence of any act or omission of anyone associated with the placement of the roll off container on the roadway. Requestor has obtained minimum \$100,000 liability insurance, and named the Borough as an additional insured on said policy for such purpose, I have read the conditions and requirements, both above and attached, for the placement of a roll off container on the roadway and request permission to place a roll off container on a roadway within the Borough of Coraopolis.
Name (Printed):
Signature: Date:
FOR DEPARTMENT USE ONLY
I ON DEL ANTIMENT OSE ONE!
Request has been examined by Chief of Police or his designee and:  Recommend approval of application: Recommend denial of application:  Reason:
Name of Official: