City of Mitchell
Portable Toilet Permit Application

Name of Contact Person: _____

Address: _____ Phone: _____

Name of Event: _____

Date(s) of Event: _____

Address/Location of Event: _____

Briefly Describe the Event:

_____

_____

_____

Briefly Describe Where the Portable Toilet(s) will be sited:

_____

_____

_____

Date Portable Toilet(s) will be delivered: _____

Date Portable Toilet(s) will be removed: _____

Name & Address of company supplying the Portable Toilet(s)

_____

_____

_____

_____

Phone Number of Supplier: _____

A check for $10 per toilet and a daily fee of $1/day/toilet must accompany this application. Please make check payable to the City of Mitchell.