



Neighborhood Services Department

6090 Woodson St
Mission, KS 66202
www.missionks.org

Dumpster/Portable Storage Permit

Date Issued: _____ **Expiration Date:** _____

Homeowner Name: _____

Address: _____

Telephone: _____

Location (driveway, street, etc.): _____

Reason for Dumpster/Portable Storage: _____

Check Number for Cone Deposit (if applicable): _____

Other: _____

Issued by:

Neighborhood Services

City of Mission, KS

913.676.8360

Permit is valid 15 days from date issued, unless otherwise stated. A property may be granted one (1) Dumpster permit per calendar year, and up to two (2) Portable Storage Permits per calendar year, unless otherwise stated.