

STAMP HERE

Charlotte County Utilities "Out-of-County" Transport Waste Hauler Manifest

Date _____

Time Arrived _____ AM PM

Septic Hauler _____

Discharge Permit # _____

Truck Tag # _____

Truck Capacity Gallons _____

TYPE OF DISCHARGE: SEPTIC GREASE PORT-O-LET

Customer Information

	Customer	Address	County	Gallons	Business or Residence	Grease
1	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true, accurate and complete. I am aware of the conditions and requirements of the Waste Hauler Discharge Permit. I understand that failure to comply with the conditions of the permit may result in immediate suspension of the Discharge Permit and/or possible penalties as may be allowed by law.

DRIVER/OPERATOR NAME (PRINT) _____

SIGNATURE _____

Note:

1. Failure to clean up after a discharge will result in a \$50.00 charge which will be added to the monthly bill.
2. Discharge hours are 24 hours/7 days a week.
3. All information requested on this and any other form must be complete and accurate without exception.
4. It is very important when the grease switch is ON and you have completed unloading that you turn your key OFF and get a receipt before turning the switch back to REGULAR.