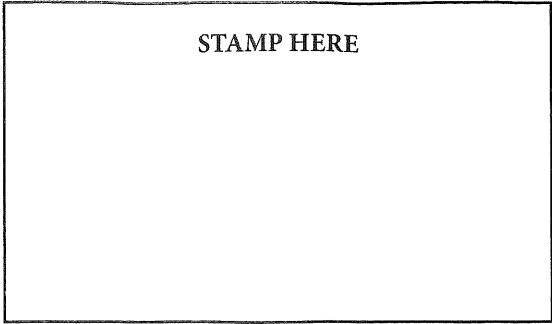


# Charlotte County Utilities "In-County" Transport Waste Hauler Manifest



Date \_\_\_\_\_ Time Arrived \_\_\_\_\_  
 Septic Hauler \_\_\_\_\_ Discharge Permit # \_\_\_\_\_  
 Truck Tag # \_\_\_\_\_ Truck Capacity Gallons \_\_\_\_\_

TYPE OF DISCHARGE:      SEPTIC       PORT-O-LET

### Customer Information

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

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#### 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 Monday thru Friday 7:00 am - 4:00 pm ONLY. No Holidays
3. ALL INFORMATION REQUESTED ON THIS AND ANY OTHER FORM MUST BE COMPLETE AND ACCURATE WITHOUT EXCEPTION.