Marion Utility's Waste Hauler Discharge Form

Company Name: _____

Waste Hauler's Customer(s) on this Load:

(1) Print Name:_____
Address: _____
Telephone #: _____ Volume (gal.): _____

(2) Print Name: _____
Address: _____
Telephone #: _____ Volume (gal.): _____

(3) Print Name:_____
Address: _____
Telephone #: _____ Volume (gal.): _____

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

_____
Waste Hauler's Signature Date

- - - - - - - - - - - - - - - - *POTW Section* - - - - - - - - - - - - - - - -

Discharge Date: _____ *Time*: _____

Circle source:
*#1 House Not House( ) Toilet Trap Other( )*_____
*#2 House Not House( ) Toilet Trap Other( )*_____
*#3 House Not House( ) Toilet Trap Other( )*_____

Amount to be Collected: _____

Operator's Signature: _____

Receipt #: _____ Clerk: _____

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- - - - - - - - - - - - - - - - *POTW Section* - - - - - - - - - - - - - - - -

Discharge Date: _____ *Time*: _____

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Amount to be Collected: _____

Operator's Signature: _____

Receipt #: _____ Clerk: _____