

Marion Utilities Waste Hauler Discharge Form

Company Name _____

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

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

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

(3) Print Name: _____
Address: _____
Telephone Number: _____ 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: _____

