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| --- | --- | --- | --- | --- | --- | --- | --- |
| O:\Corporate Directory\Graphics\CRESTLTR.TIF  **Environmental Protection Division**  **Hauled Waste Discharge Permit Application** | | | | | | | |
| **Business Name:** | | | | | **Certificate of Approval #:** | | |
| **Business Address:** | | | **Mailing Address:** ( Same As Business) | | | | |
| **Phone:** | | | **Fax:** | | | | |
| **Email:** | | | | | | | |
| **Primary Contact Information** | | | **Secondary Contact Information** (Optional) | | | | |
| **Name:** | | | **Name:** | | | | |
| **Primary Phone Number:** | | | **Primary Phone Number:** | | | | |
| **Alternate Phone Number:** | | | **Alternate Phone Number:** | | | | |
| **Waste Types:** (Check All That Apply)  Portable Toilet Waste  Septic Tank Waste  Holding Tank Waste | | | **Waste Sources:** (Check All That Apply)  Residential  Commercial  Institutional  Industrial | | | | |
| Truck Information | | | | | | | |
| License Plate No. | Tank Volume | **Waste Types:**  (Check All That Apply) | | **Received FOB** | | | Key FOB No.  (City of Peterborough Staff) |
|  |  | Portable Toilet Waste  Septic Tank Waste  Holding Tank Waste | |  | | |  |
|  |  | Portable Toilet Waste  Septic Tank Waste  Holding Tank Waste | |  | | |  |
|  |  | Portable Toilet Waste  Septic Tank Waste  Holding Tank Waste | |  | | |  |
|  |  | Portable Toilet Waste  Septic Tank Waste  Holding Tank Waste | |  | | |  |
|  |  | Portable Toilet Waste  Septic Tank Waste  Holding Tank Waste | |  | | |  |
| I, the undersigned hereby declare that, to the best of my knowledge, the information contained in this application is complete and accurate. In addition, I am aware of the requirements for use of the City of Peterborough’s hauled waste receiving facility as outlined in the City of Peterborough’s hauled waste receiving policies and procedures. | | | | | | | |
| Signature: | | | | | | Date: | |