

# CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH

5550 Venture Drive  
Parma, Ohio 44130  
Phone - (216) 201-2020  
Fax - (216) 676-1317

## 2008 APPLICATION FOR CUYAHOGA COUNTY SEPTAGE HAULER VEHICLE PERMIT

The following information is required for a permit to be issued for the removal of septage residuals from sewage treatment systems within the jurisdiction of Cuyahoga County Board of Health. This form is to be completed for each vehicle to be used by the company. Registration fee for each truck is **\$50.00** per year. **Registration expires December 31st of each year.**

**BUSINESS NAME** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NAME OF OPERATOR** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TYPE OF VEHICLE** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**STATE LICENSE NO.** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**VEHICLE MARKINGS** \_\_\_\_\_ **COLOR** \_\_\_\_\_

**TYPE OF TANK** \_\_\_\_\_ **SIZE** \_\_\_\_\_

**TYPE OF PUMP** \_\_\_\_\_ **SIZE** \_\_\_\_\_

**NUMBER OF FEET OF HOSE** \_\_\_\_\_ **TYPE & SIZE** \_\_\_\_\_

**LIST THE RECEIVING FACILITIES YOU WILL BE USING:**

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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ALL RETURNED CHECKS WILL BE CHARGED A PROCESSING FEE OF TEN DOLLARS (\$10.00)**

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OFFICE USE ONLY

Date Issued \_\_\_\_\_ Registration No. \_\_\_\_\_ By \_\_\_\_\_

Log-in Number \_\_\_\_\_ Amount \_\_\_\_\_

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