

CITY OF OGDENSBURG
WATER POLLUTION CONTROL FACILITY
APPLICATION FOR SEPTAGE RECEIVING SERVICES

Company Information:

Business Name			
Mailing Address			
City		State	
Zip Code			
Telephone Number		E-mail	

Company Contact:

Name/Title			
Mailing Address (if different than company address)			
City		State	
Zip Code			
Telephone Number		E-mail	

Billing Address (if different than company address):

Name/Title			
Mailing Address			
City		State	
Zip Code			
Telephone		E-mail	

Insurance Information (ATTACH PROOF OF INSURANCE TO THIS APPLICATION):

Name of Insurance Company	
Phone Number	
Insurance Policy Number	

New York State Department of Environmental Conservation (ATTACH WASTE TRANSPORTER PERMIT TO THIS APPLICATION):

NYS DEC Part 364 Waste Transporter Permit Number	
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Vehicle Information (if you have additional vehicles make a copy of this page and add additional vehicles):

Vehicle Number		License Plate Number	
Make		Model	
Year		Tank Capacity (gallons)	
Vehicle Number		License Plate Number	
Make		Model	
Year		Tank Capacity (gallons)	
Vehicle Number		License Plate Number	
Make		Model	
Year		Tank Capacity (gallons)	

I hereby certify that the above information is true and accurate. I am aware that there are significant penalties for submitting false information.

Signature:

Date:

Printed Name:

Title: