CITY OF RICHARDSON LIQUID WASTE TRANSPORTATION PERMIT APPLICATION

Health Department 411 W. Arapaho Rd. Rm. 107 P.O. Box 830309 Richardson, TX 75083-0309 (972) 744-4080

Date

usiness Name:TDH Registration No.:			ation No.:	
Address:		Business Phone:		
City:		State:	Zip:	
Name of Owner:		Home Phone:		
Manager of Operations:		Emergency P	hone:	
Manager's Driver's License No.:				
Parent Company Name, Texas Incorporation No., Address and	Telephone (if applicabl	e):		
Provide the following information on vehicle to be permitted:				
Year Make Gallons License Plate No.	Vehicle Permit No.	Fee	VIN	
Indicate Liquid Waste to be Transported:	T GIIIII T (o.			
Grease TrapGrit TrapChemical	Toilet	Septage		
Identify permitted disposal facility(s) to be used, and list contact	ct person, address and p	hone number.:		
1				
2				
3				
4				
5				
I, the undersigned, hereby make application to transport liquid all pertinent ordinances and regulations in the City of Richardso application shall be cause for termination of the liquid waste trabasis.	on, Texas. I understand	that falsification	of any information submitted in the	
Signature of Owner/Manager	Signature of Approvi	ng Authority		

Date