



Application for Truck Discharge Operation Permit

1. Applicant business name _____

2. Applicant business address
Street _____
City _____ State _____ Zip _____
Phone _____

3. Chief executive officer (name/title) _____

4. Number of trucks to be used _____

5. Data for each truck:
Capacity (gal.) _____ License No. _____ Color _____ Year/Make _____
Capacity (gal.) _____ License No. _____ Color _____ Year/Make _____
Capacity (gal.) _____ License No. _____ Color _____ Year/Make _____

6. DNR permit no. _____ Boundaries _____

7. Estimated volume to be discharged per week (gal.) _____

8. This firm carried public liability insurance in the amount of \$ _____
(The Marshfield Municipal Code requires that the amount is at least \$100,000. A copy of a certificate, certifying that such insurance is in full force and effect must be attached to this application.)

9. I certify that the information listed above is true and correct to the best of my knowledge and that _____ (firm) will comply with all terms and conditions of the City of Marshfield Rules and Regulations Governing Holding Tank Wastewater Haulers, applicable sections of Chapter 14-72 (16) of the Marshfield Municipal Code, and any other applicable regulations established by the City or any local, state, or federal agency.

Print name _____ Title _____

Signature _____ Date _____