



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 Ordinance 627 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 _____