

**CHARLOTTE COUNTY UTILITIES
25550 Harbor View Rd., Unit 1
Port Charlotte, FL 33980**

**TRANSPORT WASTE DISCHARGE PERMIT APPLICATION
AND
PAYMENT AGREEMENT**

Please read carefully and complete all items. Return it along with the permit fee of \$150.00. (Make check payable to: Charlotte County Utilities). Mail your payment along with this application to the following address:

Charlotte County Utilities
Attention: Finance
25550 Harbor View Rd., Unit 1
Port Charlotte, FL 33980

Business Name _____	E-mail Address _____
Mailing Invoice to _____	Location Address _____
Address _____	_____
Contact _____	_____
Phone #1 _____	Phone #2 _____
Fax No. _____	Federal Tax I.D. No. _____

TYPE OF ORGANIZATION

Individual Ownership
 Joint Venture
 Partnership
 Non-Profit Organization
 Corporation*
 *If Incorporated, show state: _____

Offices of corporation, partners, or principal members of firm and title:

Name _____	Title _____
Name _____	Title _____

If your firm does business under any other name(s), please list: _____

Names of individual(s) with authority to process payments:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

<u>TRUCK NUMBER</u>	<u>Description</u>	<u>Truck Tag #</u>	<u>Tank size</u>	<u>Driver Name</u>

We ask that you keep us updated on any changes to the above information.

FEEES

In-County: **Septage: \$.05 per gallon discharged**
Out-of-County: **Septage: \$.07 per gallon discharged**

CUSTOMER AGREES: To pay Utility all applicable fees or costs and to pay all monthly charges as invoiced by Utility within twenty-one (21) days of the billing dates. After five (5) day's written notice of failure to pay, Utility has the right to discontinue service and all applicable charges must be paid before service is reinstated.

_____ (Type/Print) Name and title of authorized representative signing	_____ Date
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