

**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

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

**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.

**FEES**

<b><u>In-County:</u></b>	Septage: <b>\$0.08 per gallon discharged.</b>	Grease: <b>\$0.12 per gallon discharged.</b>
<b><u>Out-of-County:</u></b>	Septage: <b>\$0.10 per gallon discharged.</b>	Grease: <b>\$0.14 per gallon discharged.</b>

**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) days' 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