



**South Platte Renew
Waste Hauler Information Form**

Section - A - General Information (Please Print)

Business Name: _____

Mailing Address: _____

_____ Zip _____

Telephone: (_____) _____ Fax: (_____) _____

Facility Address (if different from mailing address):

E-mail address (if available) _____

Name of Chief Executive:

Name: _____ Telephone: _____

Title: _____ Cell: _____

Contact Person(s):

Name: _____ Name: _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

Cell: _____ Cell: _____

Section - B - Service Information

Please estimate Domestic Sanitary Septic Tank and Portable Toilet wastes per month and indicate if any Chlorination is provided.

Domestic Sanitary Septic Tanks: _____ to _____ Gal. per month

Portable Toilet wastes: _____ to _____ Gal. per month

Chlorination Provided? Yes No

Chemical used: _____

Geographic Areas in which your company will operate

_____	_____
_____	_____
_____	_____
_____	_____