

SEPTIC PUMPER TRUCK REGISTRATION**FOR OFFICE USE ONLY**

DATE RECEIVED: _____ FACILITY ID #: _____
 FEES PAID: _____ RECEIPT #: _____
 CC #: _____ CHECK #: _____

YOLO COUNTY
Department of Community Services
Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695
 Phone: (530) 666-8646 Fax: (530) 669-1448

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Email: _____

Mailing Address (if different than above): _____

City/State: _____

Zip Code: _____

BUSINESS OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

City/State: _____

Zip Code: _____

Email: _____

Phone Number: _____

BILLING INFORMATION

Business Name: _____

Contact Name/Title: _____

Mailing Address: _____

City/State: _____

Zip Code: _____

VEHICLE USED FOR CLEANING/REMOVING SEPTAGE

Make: _____

Model: _____

Year: _____

CA License Plate: _____

VIN Number: _____

Waste Capacity in Gallons: _____

SEPTAGE AND CHEMICAL TOILET WASTE MUST BE DISPOSED OF ONLY AT APPROVED SEWAGE TREATMENT FACILITIES:

Disposal Facility Name: _____

Disposal Location: _____

I will comply with all Codes, Rules, and Regulations of the State and County pertaining to the cleaning and removal of septage. As the owner or owner's authorized representative, I confirm that the information provided is correct to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____

Registration cannot be revised without prior approval from the Environmental Health Division.

FOR OFFICE USE ONLY

Approved Approved with Conditions: _____

EHS Signature: _____

Date: _____