



# Vacuum Truck Application

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____
Date Received _____
For Office Use Only

**A copy of this application must be submitted to the Wichita Falls-Wichita County Public Health District Environmental Health Division and to the River Road POTW.**

Name of Company: \_\_\_\_\_ Company Phone: (\_\_\_\_) \_\_\_\_\_

Company Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name and E-Mail: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

State Registration Number/TCEQ Number: \_\_\_\_\_

#### INDIVIDUAL TRUCK INFORMATION

Number of Vacuum Trucks:		
Truck License Plate #:	Storage Capacity:	Inspection Date/Inspector:
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#### FEES

\$150 x \_\_\_\_\_ Number of Vacuum Trucks

TOTAL PERMIT FEES DUE	FEES PAID
\$	Fees Paid Date: Receipt Number:

I (we) apply for a permit to operate a vacuum truck and by this application do agree to comply with the rules and regulations set forth by the City of Wichita Falls Ordinance Chapter 106, Sections 106.341-344. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Regulatory Authority.

\_\_\_\_\_  
Applicant Print Name                      Applicant Signature                      Date

\_\_\_\_\_  
Environmental Administrator Print Name                      Environmental Administrator Signature                      Date