

**Albany County Water Purification District
Sanitary Hauled Waste Disposal Permit Application
ACSD Permit # _____**

Company Name _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

| Vehicles | 1 | 2 | 3 | 4 | 5 |
|-----------------------|----------|----------|----------|----------|----------|
| ACSD Permit # | | | | | |
| Make | | | | | |
| Year | | | | | |
| Color | | | | | |
| Permit Plate # | | | | | |
| Tank Capacity | | | | | |

Type of Waste:

- Grease Traps _____
- Sewage Sludge _____
- Septic Tanks _____
- Chemical Toilet _____
- Other, Describe _____

List Communities or Institutions Served and/or Special Conditions:

Company Name

Signature of Authorized Representative of Company