



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

Facility # _____

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

\$162 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