COOLBAUGH TOWNSHIP
MUNICIPAL CENTER
5550 Memorial Blvd., Tobyhanna, PA 18466
(570) 894-8490 • FAX (570) 894-8413

REGISTRATION APPLICATION/RENEWAL TO PUMP SEPTAGE WITHIN COOLBAUGH TOWNSHIP (VALID FOR ONE YEAR FROM DATE OF APPLICATION)

DATE_____ **FEE $30.00**

COMPANY NAME_____

ADDRESS_____

_____

_____

TELEPHONE_____ **PA DEP REGISTRATION#**_____

DISPOSAL SITE_____

_____

INSURED BY_____
(Please attach a copy of your insurance certificate with this application)

NAMES OF QUALIFIED OPERATORS:

1._____ **2.**_____

3._____ **4.**_____

5._____ **6.**_____

Application is herby made for registration to pump/haul septage within Coolbaugh Township. I agree to comply with all the rules, regulations and conditions set forth in the ordinance governing the Sewage Management Program. I understand that this registration can be revoked by the Township at any time for failure to comply.

_____ _____ _____
Pumper/Hauler Signature **Print Name** **Date**