



City of Houston Health and Human Services

Environmental Health Division

Bureau of Consumer Health

Monthly Manifest Report Form

(Intended for Only Waste Generated in the City of Houston)

Company Name: _____

C.O.H. Permit Number: _____ Month of Report: _____

Total # of Sites: _____

Total # of Voids: _____

Total # of Manifest: _____

Total Gallons of Waste Reporting: _____

List all manifest (attachment may be necessary)

NOTE: RECEIPT DATE IS THE HAND DELIVERY DATE OR POSTMARK DATE.
MONTHLY REPORT ALONG WITH PAYMENT IS DUE ON OR BEFORE THE 15TH OF THE MONTH.
YOU MUST SUBMIT MONTHLY REPORT REGARDLESS OF NO MONTHLY ACTIVITY.
HAND DELIVERED MANIFEST WILL BE ACCEPTED **ONLY** Monday- Friday 7A.M.-12NOON AND 1P.M.-3:30 P.M.
PLEASE INCLUDE A PROCESSING FEE OF \$3.50 PER MANIFEST.
We ONLY accept Checks and Money Orders.
**Manifest are sold in packs (Each pack has 100 manifest) for \$45.*
We will only sell manifest to Company employees who are on the Transporter Application that was submitted to our office.

I ACKNOWLEDGE THAT THE MANIFESTS LISTED ABOVE REPRESENT ALL THE MANIFESTS RECEIVED BY THE INVESTIGATOR ON THE SPECIFIED DATE.

COMPANY REPRESENTATIVE: _____

ENVIRONMENTAL INVESTIGATOR: _____

OFFICE USE ONLY			
Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order	Amount:	
Check/ Money Order Number:		<input type="checkbox"/> Walked in <input type="checkbox"/> Mailed	
Date:		Serial #	