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: _____

**Do not include this # in the TOTAL # of Manifest.*
**Do not pay the processing fee for VOIDED manifest.*

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 $ 3.61 PER MANIFEST. WE ONLY ACCEPT CHECKS AND MONEY ORDERS.***
****PLEASE INCLUDE THE TOP WHITE COPY ONLY OF SCANTRON MANIFEST THAT HAS BARCODE.***
****Manifest are sold in packs (Each pack has 100 manifest) for $46.45.***
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:	□ Check □ Money Order	Amount:	
Check/ Money Order Number:		□ Walked in	□ Mailed
Date:		Serial #	