Print Form

CITY OF HOUSTON

DEPARTMENT OF HEALTH AND HUMAN SERVICES
7411 Park Place Blvd, RM 102
Houston, TX 77087-4496

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 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 IS DUE ON OR BEFORE THE 15TH OF THE MONTH. ***YOU MUST SUBMIT MONTHLY REPORT REGARDLESS OF NO MONTHLY ACTIVITY.*** *HAND DELIVERY MANIFEST WILL BE ACCEPTED* ***ONLY*** *BETWEEN THE HOURS OF 7:00 A.M.-12:00 NOON, AND 1:00 P.M.-3:30 P.M.*

PLEASE INCLUDE A PROCESSING FEE OF $2.50 PER MANIFEST.

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 #	