



POINT FORTIN BOROUGH CORPORATION
PUBLIC HEALTH DEPARTMENT

REQUISITION FOR CLEANING OF CESSPIT / SEPTIC TANK

I
of Number

do hereby request that the **Cesspit / Septic Tank** at the above address be cleaned and agree to pay the rate of **\$175.00 / \$250.00 (Emergency) Cesspit; \$250.00 / \$350.00 (Emergency) Septic Tank.**

.....
DATE

.....
SIGNATURE OF OWNER / AGENT

.....
DATE

.....
PUBLIC HEALTH DEPARTMENT

.....
DATE CLEANED

.....
VEHICLE NO.

.....
SIGNATURE OF DRIVER

I certify that the above located **Cesspit / Septic Tank** has been cleaned to my satisfaction.

.....
DATE

.....
SIGNATURE OF OWNER / AGENT

REMARKS:

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NB: REFUNDS MUST BE REQUESTED WITHIN THIRTY (30) DAYS