



City of Redlands
Municipal Utilities Department, Wastewater Division
35 Cajon St. Suite 15A
Redlands, CA 92373
Phone: (909) 798-7527 ext. 7329

Liquid Waste Hauler Discharge Permit Application

APPLICATION

New Permit Application

Permit Renewal

Liquid Waste Hauler Information

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Name of Business Owner: _____ Phone: _____

Authorized individual to contact in case of emergency or for information in this application.

Name: _____ Phone: _____

Title: _____

Operational Information

Usual Days/Hours of Operation: _____

Area of Operations: _____

San Bernardino County Permit Number: _____

CERTIFICATION

Certification is an authorized representative of the user as outlined in City of Redlands Municipal Ordinance Sub-Section 13.52.050 F.

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Name of Application: _____

Signature of Applicant: _____ Date: _____

Do no write below this line – office use only

PERMIT

| | |
|------------------|--|
| Permit Number: | |
| Permit Fee Paid: | |
| Date of Permit: | |

Application Reviewed by: _____ Date: _____