

**Albany County Water Purification District
Sanitary Hauled Waste Disposal Permit Application
ACSD Permit # _____**

Company Name

Telephone Number

Street Address

City

State

Zip Code

Vehicles	1	2	3	4	5
ACSD Permit #					
Make					
Year					
Color					
Permit Plate #					
Tank Capacity					

Type of Waste:

Grease Traps _____

Sewage Sludge _____

Septic Tanks _____

Chemical Toilet _____

Other, Describe _____

List Communities or Institutions Served and/or Special Conditions:

Company Name

Signature of Authorized Representative of Company