

# TOHATCHI COMMUNITY CHAPTER

## SEPTIC CLEANING APPLICATION

Property Owner/Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you received septic tank assistance before with Chapter? Y or N Date of Service: \_\_\_\_\_

**SEPTIC CLEANING SERVICE MUST BE PAID IN FULL BEFORE ANY SERVICES ARE RENDERED**

**PLEASE HAVE YOUR SEPTIC TANK UNCOVERED AND EXPOSED**

Detailed map to your resident: Use road names, highway milepost numbers and type of house (colors)

N

W E

S

Direction(s) to your resident:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

### CHAPTER ADMINISTRATION:

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Money Order No: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

TOH FORM #007 (07/2021)