

New Septage Customer Contact

Please Print				
Date:				
Name of Business	:			
Business Federal I	D #			
Owner Name if dif	ferent from busine	ess name:		
Address:				
City:		State:		Zip Code:
Business Phone N	umber:			
Cell Phone Numbe	er:			
Email:				
amount minus an Customer underst	y outstanding septa	age invoices wher t is due within 30	i ceases serv	aring account and will be refunded th ices with the City of Avon Park. on invoice and will use the invoice
	<u>\$1000 Deposit Re</u>	equired BEFORE ι	ise of Waste	water Plant
Owner/Manager	Signature:			
For Office Use On	ly:			
		Ir	iitials:	Date Paid:
	Assigned:			