

\*\*\* FOR OFFICE USE ONLY \*\*\*

Date of Application: \_\_\_\_\_ Payment Type:  Check  Cash  
Check/Cash Amount: \_\_\_\_\_ Deposit Check Number: \_\_\_\_\_

SEPTIC PIN # \_\_\_\_\_ SEPTIC \_\_\_\_\_ PORT-O-LET \_\_\_\_\_

Accepted by: \_\_\_\_\_  
Utilities Customer Representative

**HERNANDO COUNTY WATER AND SEWER DISTRICT  
SEPTIC & PORT-O-LET APPLICATION FOR SERVICE CONTRACT**  
<http://www.hernandocounty.us/utills>

**All users of the septic dump facility must be licensed by the Department of Health (DOH). Violation of any applicable provisions of Florida Statutes, rules or regulations adopted there under, or any applicable provisions of the Hernando County Code of Ordinances may result in suspension or revocation of permit privileges, licenses and/or civil or criminal penalties. Only materials from septic and port-o-lets can be processed at this facility.**

ACCOUNT BUSINESS NAME: \_\_\_\_\_  
BUSINESS OWNER NAME: \_\_\_\_\_  
FEDERAL TAX ID NUMBER: \_\_\_\_\_  
BUSINESS TELEPHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL & WEB SITE ADDRESS \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS MAILING ADDRESS: \_\_\_\_\_

VEHICLE INFORMATION – If more than five vehicles are used, attach additional information to this application. Only vehicles listed on this application can discharge at the Airport septic dump station.

- 1.) VEHICLE YEAR/MAKE \_\_\_\_\_ TANK CAPACITY \_\_\_\_\_  
VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_
- 2.) VEHICLE YEAR/MAKE \_\_\_\_\_ TANK CAPACITY \_\_\_\_\_  
VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_
- 3.) VEHICLE YEAR/MAKE \_\_\_\_\_ TANK CAPACITY \_\_\_\_\_  
VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_
- 4.) VEHICLE YEAR/MAKE \_\_\_\_\_ TANK CAPACITY \_\_\_\_\_  
VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_
- 5.) VEHICLE YEAR/MAKE \_\_\_\_\_ TANK CAPACITY \_\_\_\_\_  
VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

Type of Sewage to be disposed of:      **SEPTIC**                       **PORT-O-LET**   
Please check all that apply

SEPTIC HAULER LICENSE NUMBER: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
SEPTIC HAULER LICENSE NUMBER: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
KEY NUMBER/VIN (s): \_\_\_\_\_  
COMBINATION NUMBER: \_\_\_\_\_

Return this completed application with the following:  
With a check to include a 30.00 service fee and a \$25.00 Key fee for the first key and \$10.00 for each additional key issued. **Key fees are refunded upon termination of account and return of keys.** Lost or replacement keys require additional fee of \$10.00.

**APPLICATIONS WITH INCORRECT OR MISSING DOCUMENTATION WILL BE RETURNED FOR CORRECTIONS.**

**APPLICATIONS ARE PROCESSED IN THE SPRING HILL OFFICE ONLY**  
**CUSTOMER SERVICE (352) 754-4037**

SIGNATURES:  
Applicant/Representative \_\_\_\_\_

Return this Application With Payment to:  
**Hernando County Utilities Department**  
**7405 Forest Oaks Blvd.**  
**Spring Hill, FL 34606**