TEESTO CHAPTER
SEPTIC SERVICE APPLICATION

NAME: _____ **DATE:** _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

_____

HOME/CELL NO.: _____ **EMAIL ADDRESS:** _____

CIRCLE ONE – HOME STRUCTURE

FRAME HOUSE HOGAN SINGLE WIDE MOBILE HOME DOUBLE WIDE MOBILE HOME

****PLEASE HAVE THE SEPTIC TANK UNCOVER AND READY ****

DRAW A DETAILED MAP TO YOUR RESIDENT BELOW. BE SPECIFIC. INCLUDE YOUR MILEAGE IF YOU CAN FROM PLACE TO PLACE.