

Larry J. King, *President*
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CHURCHROCK CHAPTER

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Steven Arviso, *Council Delegate*
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Emery Chee, *Land Board Member*
Sabrena Eley,
Account Maintenance Specialist (AMS)

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SEPTIC CLEANING APPLICATION

NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CELL NUMBER: (____) _____ - _____ OTHER NUMBER (____) _____ - _____

PLEASE HAVE YOUR SEPTIC TANK UNCOVERED, EXPOSED & CLEAN OF DEBRIS

Detailed map to your residence:

Direction(s) to your residence: _____

Signature of Requestor: _____ Date: _____

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

DATE: _____ PAYMENT RECEIVED FROM: _____

MONEY ORDER AMT: \$ _____ MO# _____ RECEIPT #: _____

COMMENTS: _____

PYMT RECEIVED BY

DATE

SERVICED BY

DATE SERVICE