

ORANGETOWN SEWER DISTRICT INDUSTRIAL WASTEWATER DISCHARGE QUESTIONNAIRE

General Information

Town/Village: _____ Tax Map Block Lot # _____

Is this a manufacturing operation? _____ Yes _____ No

Is this a retail operation? _____ Yes _____ No

Is this a commercial warehouse? _____ Yes _____ No

Is this a service outlet? _____ Yes _____ No

Company Name: _____

Discharge Location Address: _____

Tel. No. _____ Fax No. _____

Contact Official: _____ Title: _____

I certify under penalty of law that I have examined and familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility fine and imprisonment. I am knowledgeable about the Code of the Town of Orangetown. I also authorize the District to obtain water consumption records from any source.

Name(Printed): _____ Title: _____

Signature of Official: _____ Date: _____

Company Name: _____

Address: _____

Tel. No. _____ Fax No. _____

