



City of Houston Health and Human Services

Environmental Health Division

Bureau of Consumer Health

2014 Monthly Manifest Report Form

(Intended for Only Waste Generated in the City of Houston)

Company Name: _____

C.O.H. Permit Number: _____ Month of Report: _____

Total # of Sites: _____

Total # of Voids: _____

**Do not include this # in the TOTAL # of Manifest.*

**Do not pay the processing fee for VOIDED manifest.*

Total # of Manifest: _____

**PLEASE INCLUDE A PROCESSING FEE OF \$3.74 PER MANIFEST.*

Formula: Total # of Manifest X \$3.74= Total Amount Due

Total Gallons of Waste Reporting: _____

List all manifest (attachment may be necessary)

NOTE: RECEIPT DATE IS THE HAND DELIVERY DATE OR POSTMARK DATE.
MONTHLY REPORT ALONG WITH PAYMENT IS DUE ON OR BEFORE THE 15TH OF THE MONTH.
YOU MUST SUBMIT MONTHLY REPORT REGARDLESS OF NO MONTHLY ACTIVITY.

**PLEASE INCLUDE THE TOP WHITE COPY ONLY OF SCANTRON MANIFEST THAT HAS BARCODE.*

Mailed or Walked in to: 7411 Park Place Blvd Room: 109 Houston, TX 77087

Office Hours: Monday- Friday 7:30 AM-12:00 PM and 1:00 PM-3:30 PM. We accept: Checks, Money Orders and Walk in Credit Cards ONLY. (Master Card, Visa and Discover Only) CC Minimum is \$3.00.

**Manifest are sold in packs (Each pack has 100 manifest) for \$48.17*

We will only sell manifest to Company employees who are on the Transporter Application that was submitted to our office.

I ACKNOWLEDGE THAT THE MANIFESTS LISTED ABOVE REPRESENT ALL THE MANIFESTS RECEIVED BY THE INVESTIGATOR ON THE SPECIFIED DATE.

COMPANY REPRESENTATIVE: _____

COH OFFICE REPRESENTATIVE: _____ DATE: _____

For any questions please contact Almika Millage at (832) 393.5688 or Almika.millage@houstontx.gov

OFFICE USE ONLY

Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	Amount:	\$
Check/ Money Order/CC #:		<input type="checkbox"/> Walked in	<input type="checkbox"/> Mailed
Check/M Order/CC Date:		Receipt #	