

Berhampur Municipal Corporation
Cesspool Service Request Form

(To be filled only by customer)

Date: / /

Name: _____

Address: Plot no/House no: _____

Ward Number: _____

Mobile No.: _____

Please tick (√) the right property type:

Property Type: Residential Commercial

Signature (with date): _____

(To be filled by the cesspool operator only)

Date: / /

Serial Number:

Capacity of the tank : _____

No. of Trips:

Start K.M reading & time: _____ / _____

End K.M reading & time: _____ / _____

Applicant Signature with date _____

Operator Signature with date _____

(To be filled by the Treatment plant supervisor only)

Date: / /

Time of disposal:

Name of the driver: _____

Vehicle number: _____

Quantity of sludge disposed: _____ Litres

Operator wearing official dress Yes No

Driver Signature with date _____

Plant Supervisor Signature with date _____