

SMALL EVENT NON-PLUMBING SANITATION AGREEMENT - *Less than 750 People*

Fees: \$25.00 per Portable Toilet

Please make check payable to:

Ashland County Zoning Department
 201 West Main Street
 Ashland, WI 54806

Submit to:

Ashland County Zoning Department
 201 West Main Street, Room 109
 Ashland, WI 54806

Property Owner(s):	
Mailing Address:	
Location:	
$\frac{1}{4}$	$\frac{1}{4}$ S. T N, R E / W
Township of:	
Parcel ID Number:	
_____ - _____ - _____	
Agreement Date:	
Number of Units:	
Portable Restroom Units X _____	
Legal Description:	
<small>Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (l) (m)]</small>	

Number of Attendees per Month:	Number of Attendees per Year:
Number of Male Units:	Number of Female Units:

LICENSED DISPOSER SERVICING THE PORTABLE TOILETS OR INDEPENDENT UNITS:	
Name: _____	Phone Number: _____
Address: _____	

Printed Owner(s) Name(s):
Owner(s) Signature(s):
Drafted By:

Office Use Only:

Permit Number:
Approved: _____ Denied: _____
Issue Date:
Expiration Date:
Issuing Agent Signature: