

**SMALL EVENT NON-PLUMBING SANITATION AGREEMENT**

**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

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

<b>Number of Attendees per Month:</b>	<b>Number of Attendees per Year:</b>
<b>Number of Male Units:</b>	<b>Number of Female Units:</b>

<b>LICENSED DISPOSER SERVICING THE PORTABLE TOILETS OR INDEPENDENT UNITS:</b>	
<b>Name:</b> _____	<b>Phone Number:</b> _____
<b>Address:</b> _____	

<b>Printed Owner(s) Name(s):</b>
<b>Owner(s) Signature(s):</b>
<b>Drafted By:</b>

**Office Use Only:**

<b>Permit Number:</b>
<b>Approved:</b> _____ <b>Denied:</b> _____
<b>Issue Date:</b>
<b>Expiration Date:</b>
<b>Issuing Agent Signature:</b>