



2025 Monthly Manifest Report Form

(Intended for Only Waste Generated in the City of Houston)
LEAVE NO BLANK FIELDS

Company Name: _____

COH Permit #: _____

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 \$4.50 PER MANIFEST.
Formula: Total# of Manifest X \$4.50 = Total Amount Due*

Total Gallons of Waste Reporting: _____

List EACH Manifest Number(attachment may be necessary):

IMPORTANT INFORMATION

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. We will only sell manifest to Company employees who are on the service company application submitted to our office. Manifest are sold in packs (Each pack has 100 manifest) for \$57.89.

Mail or Walk in to report to: 7427 Park Place Blvd 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.

I certify the information submitted in this monthly manifest report is true, complete and accurate. I understand that submitting an incomplete or inaccurate report may result in enforcement action.

Company Representative: _____ Date: _____

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:		Processed by:

HOUSTON HEALTH DEPARTMENT

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Houston, TX 77087
832-393-5704

Transporter@houstontx.gov

HOUSTONCONSUMER.ORG

