



2025 Pressure Washer Monthly Report Attachment

Intended for waste generated in the City of Houston

Company Name: _____

COH Permit #: _____ Month of Report: _____

Provide the following information for sites serviced.

Service Date & Business Name:	Business Address:	Business Contact Person:	B. Phone Number:

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: _____

