



**City of Lincolnton  
Septage Receiving**

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you want to receive invoices as you dump or monthly? (Please circle your choice)**

**Daily   Monthly**

**How do you want to receive invoices? (Please circle your choice)**

**Mail   Email**