



**Private System Cleaning Permit Request
FAX TRANSMITTAL FORM**

DATE: _____

FAX Request To: (501) 688-1469

Please provide the following information:

Street Address of Private Line: _____ ZIP Code: _____

Owner's Name: _____

Owner's Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Contractor/Plumber Information

Company Name: _____

Name of Contact: _____

Contact Phone Number: _____

Expected Cleaning Start Date: _____

Expected Cleaning End Date: _____

Please contact the *Little Rock Wastewater Permits Desk* at: (501) 688-1420, for assistance.