

Application Fee Rs. 5/-

APPLICATION FORM FOR CLEARANCE OF SEPTIC TANK

To

The Hon'ble Chairperson/Executive Officer/Health Officer,
Imphal Municipal Council,
Imphal.

Sir/Madam,

I, the undersigned on behalf of Organization/Institution

.....
have the honour to submit this application for Clearance of Septic Tank for
(Trip).

1. Full Name (in block letter) :-
2. Permanent Address (with Telephone No.) :-
3. Distance of the Septic tank from the Road :-
4. Whether tank is (i) Kutcha :-
- (ii) Semi pucca & pucca :-
- (iii) Honey comb :-

I Shri/Smt.

on behalf of the Organization/Institution shall abide by the Rules & Regulation of the Council.

Dated/Imphal, the, :-

Yours faithfully,

(Signature of the applicant)