



ཐིམ་ཕུ་ཕྱོམ་སྡེ་ལས་འཛིན།
ཞབས་ཏྲོག་རྒྱན་ལག། ཡིག་ཁྲོམ་ཡང་ ༢༥༡།
ལུང་བསྟན་ཟམ་པ། འབྲུག་ཐིམ་ཕུ།



THIMPHU CITY CORPORATION
MoWHS, Post Box No - 215
Lungtenzampa, Thimphu: Bhutan



VACCUM SERVICE FORM

- 1) Name of Applicant : _____
- 2) Owner of Building : _____
- 3) Location of Building : _____
- 4) Building No : _____
- 5) Plot No : _____
- 6) Reason for Request : _____
- 7) Water meter: Yes () No ()
- 8) (If Yes, Meter Number) : _____
- 9) Last request Date : _____
- 10) Tel. No. (O) : _____ (R) : _____

Signature of Applicant

For official use only

Appointment

- 1) Date:
- 2) Vacuum Tanker No:
- 3) Driver:
- 4) Remarks:

In-charge/SOS
Sewerage Section