

**CITY OF HUNTSVILLE
 WATER POLLUTION CONTROL DEPARTMENT
 FOG MANAGEMENT PROGRAM
 FATS, OIL, and GREASE / SAND INTERCEPTOR USER COMPLIANCE REPORT**

USER INFORMATION

Business Name: _____
 Physical Address: _____
 Contact Person/Title: _____
 Phone Number: _____
 Fax Number: _____

TYPE OF FACILITY

- | | |
|--|--|
| <input type="checkbox"/> General Restaurant | <input type="checkbox"/> Meat Cutter |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Deli |
| <input type="checkbox"/> Commercial Food Preparation | <input type="checkbox"/> Institutional Facility |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Multi-Family Apartments |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Other: _____ |

TYPE OF GREASE MANAGEMENT DEVICE

- | | |
|---|---|
| <input type="checkbox"/> Trap | <input type="checkbox"/> Separator |
| <input type="checkbox"/> Interceptor | <input type="checkbox"/> Screens |
| <input type="checkbox"/> Common Interceptor | <input type="checkbox"/> Combination of Devices |
| | <input type="checkbox"/> None |

HAULER/PUMPER INFORMATION

List Company Name, Invoice Number, & Date of the last six times your grease management device was pumped out or cleaned.

| Company Name | Invoice Number | Date |
|--------------|----------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I certify that the above information is accurate and that the grease management device was pumped out and cleaned by the hauler of record on the date as stated.

User Signature: _____ Date: _____

**Please remit form to: Environmental Engineer COH-WPC
 1800 Vermont Road
 Huntsville, AL. 35802** or FAX (256) 883-3779

Received by: _____ Date: _____