

**TRILAKES REGIONAL SEWER DISTRICT**  
**FOG Modification Request Form**

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Address: 5240 N. Old 102, Columbia City, IN 46725  
Phone: 260-691-2820 Fax: 260-691-9120  
Email: [tlrsd@earthlink.net](mailto:tlrsd@earthlink.net)

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Submittal of this form does not guarantee that a modification will be granted. The grant of a modification based on this form may be revoked at any time if wastewater is identified as having a negative impact to the health, safety, and/or welfare of others, or if circumstances warrant. A modification only applies to the specific part of the Ordinance mentioned in this form and not for any other part. The request will not be processed if it is found to be incomplete.

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**Part A – Applicant Information**

**Date of Submittal of Form:** \_\_\_\_\_

Name of Applicant / Facility: \_\_\_\_\_

Name of Owner of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part B – Basis for Modification Request (If further space is needed in completion of this form, attach additional pages.)**

Please specify the part of the FOG Ordinance you are requesting the District to modify for your facility:

\_\_\_\_\_

\_\_\_\_\_

Please explain the modification you are proposing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fully explain the reason for this request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part C – Need for Modification Support Documents**

Please attach documentation that will help support your modification request.

**Part D – Agreement**

By this signature, the applicant indicates understanding that the submittal of this form does not guarantee that a modification will be granted, and the granting of this modification does not permit non-compliance to any other part of the FOG Ordinance. The District reserves the right to revoke this modification grant at any time.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_