

**TRILAKES REGIONAL SEWER DISTRICT
FOG PROGRAM REPORT**

Address: 5240 N. Old 102, Columbia City, IN 46725

Phone: 260-691-2820 Fax: 260-691-9120

Email: trsd@earthlink.net

This report is to be submitted to the District by the date shown below. When submitting your report, you must include cleaning and maintenance receipts along with a copy of the Maintenance Log which you are required to maintain in your facility. The report shall be postmarked, faxed, emailed, or hand delivered by the specified date to avoid a violation. This form is available at www.tri-lakessewer.com.

Your report is due in our office no earlier than: _____ and no later than: _____

1. **Date:** _____

2. **Name & Title of Person Completing this Report:** _____

Business/Facility: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

3. **Designated Facility Contact:**

Name: _____ Title: _____

4. **Grease Waste Hauler** (Company that hauls grease trap/interceptor waste after cleaning)

Name: _____ Phone: _____ / _____
(Business) (Fax)

Address: _____ City/State/Zip: _____

5. **Recycled Grease Hauler** (Company that hauls "yellow" grease stored in a container)

Name: _____ Phone: _____ / _____
(Business) (Fax)

Address: _____ City/State/Zip: _____

6. Has a modification been granted to your facility? Yes No If yes, please explain:

