



SAMPLE FORM

Grease Hauler Manifest Form

(MUST BE COMPLETED BY QUALIFIED FSE REPRESENTATIVE)

BUSINESS NAME _____

ADDRESS _____ CITY _____ PHONE _____

WASTE REMOVED FROM: GREASE TRAP GREASE INTERCEPTOR

CAPACITY _____ GALLONS

I CERTIFY THAT THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIALS.

FSE REPRESENTATIVE NAME _____
(PRINT)

DATE AND TIME SERVICE

FSE REPRESENTATIVE SIGNATURE

TRANSPORTER INFORMATION

(MUST BE COMPLETED BY TRANSPORTER)

BUSINESS NAME _____

ADDRESS _____ CITY _____ PHONE _____

WASTE REMOVED FROM: GREASE TRAP GREASE INTERCEPTOR

VEHICLE TAG NUMBER _____

VEHICLE CAPACITY _____ GALLONS GALLONS REMOVED _____

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT. I AM AWARE THAT FALSIFICATION OF THIS TRIP TICKET MAY RESULT IN ENFORCEMENT ACTION BY THE CITY.

DRIVER'S NAME _____
(PRINT) DRIVER'S LICENSE NO. _____

DATE AND TIME WASTE ACCEPTED

DRIVER'S SIGNATURE

DISPOSAL INFORMATION

(MUST BE COMPLETED BY DISPOSER)

BUSINESS NAME _____

ADDRESS _____ CITY _____ PHONE _____

WASTE DISPOSAL SITE _____

WASTE DISPOSAL METHOD (DESCRIBE) _____

FACILITY PERMIT NUMBER _____

I CERTIFY THAT THE DISPOSAL FACILITY USED IS AUTHORIZED TO ACCEPT THE ABOVE SPECIFIED WASTE AND THAT I HAVE DISPOSED OF THE WASTE IN ACCORDANCE WITH THE REQUIREMENTS OUTLINED IN THAT AUTHORIZATION AND IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS.

SITE OPERATORS NAME _____
(PRINT)

DATE AND TIME WASTE RECEIVED

SITE OPERATORS SIGNATURE