



Clay Township Regional Waste District FOG Program Quarterly Report

Telephone: (317) 873-0564 Fax: (317) 873-0563 www.ctrwd.org
Address: 10701 N. College Ave. Suite A, Indianapolis, IN 46280

Directions: Include cleaning and maintenance receipts along with the Maintenance Log when submitting. The report shall be postmarked, faxed, emailed, or hand delivered by the specified date. This form is available at www.ctrwd.org under Pretreatment.

Due Dates: March 31st June 30th September 30th December 31st

All reports due no earlier than 1 week before set dates.

1. **Date:** _____

2. **Name and Title of Person completing this report:** _____
Name of Business or Facility: _____
Address: _____ City: _____
State: _____ Zip code: _____ Phone: _____ Fax: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____

3. **Designated Facility Owner, Registered Agent, or Responsible Official:**
Name: _____
Title: _____
Telephone: _____ Fax: _____

4. **Grease Waste Hauler:** (Company that hauls grease trap/interceptor waste)
Name: _____
Telephone: _____ Fax: _____
Address: _____

5. **Recycled Grease Hauler:** (Company that hauls "yellow" grease stored in a container)
Name: _____
Telephone: _____ Fax: _____
Address: _____

6. Has a modification been granted to your facility? [] yes [] no
If Yes, explain: _____
