



Grease Trap/Interceptor Manifest

11 East State St
Trenton, OH 45067
513.988.6304
www.cityoftrenton.com

Business Name _____	GENERATOR (To be filled out by Facility/Restaurant Representative)
Address _____	
Phone Number _____	
Waste Tank or Trap Capacity: _____ Gallons Pump Freq: _____	
Waste From: <input type="checkbox"/> Inside Grease Trap <input type="checkbox"/> Outside Grease Interceptor/ Trap <input type="checkbox"/> Grit Trap <input type="checkbox"/> Other _____	
I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE WASTE MATERIAL REMOVED FROM THE ABOVE PREMISES CONTAINS NO HAZARDOUS MATERIAL. I ALSO CERTIFY THAT A REPRESENTATIVE OF THIS BUISNESS WITNESSED THE PUMPING OR INSPECTED THE TRAP AFTERWARDS:	
Signature _____	
Date/Time _____ Print Name _____	

Transporter Name _____	TRANSPORTER (To be filled out by Hauler)
Address _____	
City/State _____ Zip _____ Phone # _____	
Truck License # _____ Vehicle Permit # _____	
Gallons Received/ Pumped _____	
Hauled Waste Disposal Site: _____	
Address _____ City/State _____ Zip _____	
Phone Number _____	
<input type="checkbox"/> Tank Pumped Empty <input type="checkbox"/> Clean/Scrape Walls and Baffles	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND THAT ONLY THE TYPE WASTE SPECIFIED IS CONTAINED IN THE SERVICING VEHICLE. I ALSO CERTIFY THAT THE WASTE REMOVED FROM THE GENERATOR WILL BE DISPOSED OF IN ACCORDANCE WITH ALL COUNTY, STATE, AND FEDERAL LAWS.	
Time _____ Signature _____	
Date _____ Driver Name (Print) _____	

Please Email the completed copy to FOG@CityofTrenton.com