



30 West Main Street, Carmel, IN 46032  
Phone (317) 571-2477 Fax (317) 571-2265

**FOG Program Quarterly Report**      **Date:** \_\_\_\_\_

**Directions:** Include all service tickets/manifests or maintenance logs when submitting. Report shall be postmarked, faxed, emailed, or hand delivered by the specified date.

Grease Removal Device Service providers shall provide: on their service ticket or manifest:  
Food Service Establishment Name, grease removal device size, service address, service date & time, gallons removed, and any additional comments about the grease trap/interceptor condition, needed repairs and/or maintenance, the service providers signature along with a disposal site ticket that contains the name of disposal site, disposal quantity and disposal date & time.

**Due Dates: March 31st June 30th September 30th December 31st Each year**  
All reports due no earlier than 1 week before set dates.

**1. Name and Title of Person completing this report:** \_\_\_\_\_

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

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2. Designated Facility Contact, Owner, Registered Agent, or Responsible Official:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email \_\_\_\_\_

**3. Grease Waste Hauler: (Company that hauls grease from trap or interceptor)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**4. Recycled Grease hauler: (Company that hauls "yellow" grease stored in a container)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_