

WINTER HAVEN
The Chain of Lakes City
Office of Utility Services

Complete form and mail within 72 hours
of completion of pump-out to:

City of Winter Haven
401 6th Street SW
Winter Haven, FL, 33880
ATT: Steve Rheiner
FOG Pump-Out Report

Facility: Name: _____

Address: _____

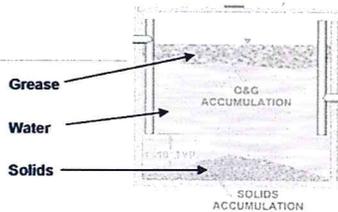
Hauler: _____

DESCRIPTION OF INTERCEPTOR CONDITION

or fill in requested information for each line item)

← fold to here for standard #10 business envelope

- 1. Depth of Grease: Inches
- 2. Depth of Water: Inches
- 3. Depth of Solids: Inches
- 4. Pump-Out Method:



Pump-Out Method: ___ Complete Pump: ___ Pump & Return

Gallons Pumped: _____

Grease Trap Condition: ___ Fully Functional ___ In Need of Repair

Facility Manager Notified of Grease Trap Condition: Yes ___ : No ___
(Additional comments: use reverse side)

Certification:

I hereby certify that all information provided herein is true and correct to the best of my knowledge and belief, respectively and that interceptor servicing this establishment is cleaned of residual fats, oils, grease and other solid materials.

Printed Name of Driver: _____

Signature of Driver: _____