



# THE CITY OF ALEXANDER CITY

## Sewer Department

### Alternative Grease Removal System Request

**Please print.**

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Facility Owner/Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Please answer the following questions:**

1. Why are you requesting an Alternative Grease Removal Device? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.. How many meals does your facility serve daily? \_\_\_\_\_ weekly? \_\_\_\_\_ monthly? \_\_\_\_\_

3. Do you have a dishwasher? Yes \_\_\_\_\_ No \_\_\_\_\_

4. If you answered yes above, is it a chemical dishwasher?  
Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

5. Does your facility have a heater element in the sink or any other method of heating water to greater than 140° F?  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have a garbage disposal?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Facility Owner/ Contact Signature:**

**\*For internal use only:**

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_