



THE CITY OF ALEXANDER CITY

GREASE DISPOSAL MANIFEST

FOOD SERVICE FACILITY (Must be completed by FSF Rep)

FSF Permit #: _____

Facility Name: _____

Phone #: _____

Facility Mailing Address: _____

Grease Removed From: Grease Trap Interceptor

Capacity of Grease Device: _____ gallons

I understand that I am responsible for ensuring that the grease hauler listed below performed *all* maintenance as detailed in the Alexander City Grease Control Ordinance (2015-13). I further understand that I am responsible, through my hired hauler, for the proper disposal of the wastes.

FSF Representative Printed Name & Signature_____
Date & Time Serviced**GREASE HAULER** (Must be completed by Hauler)

Hauler Company Name: _____ Phone #: _____

Hauler Mailing Address: _____

Tallapoosa County Septic Tank Hauler Permit #: _____

Alexander City Business License #: _____

Grease Removed From: Grease Trap Interceptor Vehicle Capacity: _____ gallons

Vehicle Tag #: _____ Gallons Removed: _____

Please Note any Defects in Grease Trap: _____

I certify that I performed *all* maintenance as required by the Alexander City Grease Control Ordinance (2015-13). I understand that I am responsible for disposing of these wastes at a permitted facility and for proper administration of this manifest.

Driver Printed Name & Signature_____
Date & Time Service**DISPOSAL SITE** (Must be completed by site operator)

Waste Disposal Site: _____ Gallons Disposed: _____

ADEM NPDES Permit #: _____

I certify that the wastes described in the sections above were delivered to and disposed at this facility.

Disposal Site Operator Printed Name & Signature_____
Date & Time Received

Hauler is responsible for ensuring each party receives correct completed copy. See instruction page for further details.