

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
4400 Pollard Rd.
Winter Haven, FL, 33884
ATT: Gil Lopez
FOG Pump-Out Report

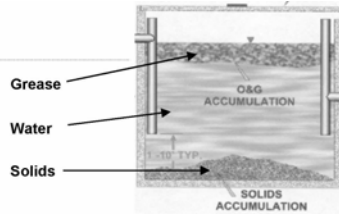
Facility Name: _____
Address: _____
Hauler: _____

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: _____