CITY OF DUBUQUE
WATER & RESOURCE RECOVERY CENTER
FATS, OILS AND GREASE PROGRAM

THE CITY OF DUBUQUE
Masterpiece on the Mississippi

SELF CLEANING FATS, OILS, AND GREASE MANIFEST FORM

Company: _____ Year: _____

Address: _____ Month(s): _____

_____ Capacity of Interceptor/Grease Unit: _____

Phone No.: _____ FOG Permit No._____

**** Units must be cleaned at a minimum of once every 30 days, unless a "Request for an Exception to the Grease Interceptor 30 Day Pumping Requirement" form has been submitted and approved ****

Date	Time of Disposal	Staff Initials	Number of Gallons	Disposal Point

Revised 9/2015 **TOTAL**

Signature_____ **Title**_____ **Date** _____

Note: Permit will be revoked if Fats, Oil & Grease Manifest Form is falsified per City of Dubuque FOG Enforcement Policy under Title 1-4B. **Fats. Oils & Grease Manifest Form must be submitted quarterly.** Please submit form by email to *FOG@cityofdubuque.org* or mail to the Water & Resource Recovery Center, 795 Julien Dubuque Dr. Dubuque IA 52003, by the tenth of the month.