City of Brenham Fats, Oil, and Grease Program Waiver Form Grease Trap / Interceptor Installation

Business Name:	
Mailing Address:	
Street Address:	
Contact Name:	Title:
Phone Number:	Fax Number:
Description of food manufacturing, pr menu if provided):	rocessing, preparation or service provided by the facility (attach
Reason(s) why the facility is requestin	g a waiver:
Method(s) and / or equipment used to the facility's plumbing and the wastew	o keep fats, oils and greases generated by the facility from entering vater collection system:
preparation or services change, impac facility will be required to install a pro	ou understand if the facility's food manufacturing, processing, ting the quantity or quality of the fats, oils and greases generated, the operly sized grease trap/interceptor at the facility's own expense. a granted. The waiver is good for 1 (one) year and the business must year.
Business Authorized Representative (J	print):
Signature:	Date:
Please return completed form to:	
Michele Glenz City of Brenham P.O. Box 1059 Brenham, Texas 77834	PAID: cash check