



**Grease/Sand Interceptor Compliance Permit**

---

Permit No.: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**DRAFT**

Manuf. recommended service schedule: \_\_\_\_\_  
Last date of service:(attach receipts) \_\_\_\_\_  
Contractor responsible for service: \_\_\_\_\_  
Contractor phone: \_\_\_\_\_  
Ultimate product disposal site: \_\_\_\_\_  
Volume of Grease generated in past 12mos.: \_\_\_\_\_

I, to the best of my knowledge and ability agree that the above information is accurate and current. I will make all efforts to maintain compliance with the City of Whitewater Ord. 16.14.585 as it pertains to interceptor operations and maintenance. At any time this information is updated or changed I will provide the information to the program administrator.

\_\_\_\_\_  
Signature of Business Representative

\_\_\_\_\_  
Date