## 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, procemenu if provided):	essing, preparation or service provided by the facility (attach
Reason(s) why the facility is requesting a	waiver:
Method(s) and / or equipment used to ke the facility's plumbing and the wastewate	eep fats, oils and greases generated by the facility from entering er collection system:
	understand if the facility's food manufacturing, processing, g the quantity or quality of the fats, oils and greases generated, the
facility will be required to install a proper	rly sized grease trap/interceptor at the facility's own expense. anted. The waiver is good for 1 (one) year and the business must
Business Authorized Representative (prin	nt):
Signature:	Date:
Please return completed form to:	
Michele Glenz City of Brenham	PAID:cashcheck

P.O. Box 1059

Brenham, Texas 77834