



EL TORO WATER DISTRICT WASTEWATER FOG APPLICATION

1. Any commercial kitchen discharger of Fats, Oils and Grease (F.O.G.) is required to apply for a Wastewater FOG Application.
2. Please type or print all requested information.

SECTION A – FACILITY BUSINESS INFORMATION

A1. Company Name: _____

Web Site (if Applicable): _____

A2. Type of Business: _____

A3. Parent Company Name (if Applicable): _____

A4. Facility Address:
Street: _____

City: _____ State: _____ Zip: _____

A5. Mailing Address:
Street: _____

City: _____ State: _____ Zip: _____

SECTION B – FACILITY CONTACT PERSONNEL INFORMATION

B1. Company Authorized Representative

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

B2. Other Company Contact Personnel:

1. **Administrative Contact** (This is the Property Mgr. to contact concerning the information contained in this application)

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

2. **Facility Contact** (This is the person to contact concerning an inspection at the facility site)

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

SECTION C – FACILITY INFORMATION

C1. Hours of Operation: _____ to _____

C2. Total Building or Unit/Space Square Footage: _____

C3. Is there F.O.G. that is removed from the Facility for offsite treatment or disposal?

No Yes

If yes, indicate with an [X] F.O.G. that is removed from the facility:

	Volume Generated (Size/Gallons) Type of Device, & or Container	Removed from Facility
<input type="checkbox"/> F.O.G. Oil	_____	<input type="checkbox"/>
<input type="checkbox"/> F.O.G. Grease	_____	<input type="checkbox"/>

C4. List the name and address of company that removes any of the F.O.G. listed above from your facility.

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

For assistance concerning this application contact Ed Peterson with the Collections Dept. at (949) 837-7050, Ext. 115.

Return the completed application to: 24251 Los Alisos Blvd., Lake Forest, CA 92630 or email to EPeterson@etwd.com