

# CHARLES COUNTY GOVERNMENT

Department of Public Works - Utilities  
MARTIN L. HARRIS, DIRECTOR



## FOOD HANDLING ESTABLISHMENT GREASE REPORTING FORM

*(Please type or print legibly in blue or black ink)*

1. Wastewater Discharge Permit Number: \_\_\_\_\_
2. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Business address: \_\_\_\_\_  
\_\_\_\_\_
5. Date of interceptor cleaning/pump-out: \_\_\_\_\_
6. Company performing cleaning/pump-out service: \_\_\_\_\_

*"I certify under penalty of law that the information contained in this document and any attachments is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."*

\_\_\_\_\_  
Date Signature of Authorized Representative Title

**Please complete this form and mail it along with a copy of your last invoice for cleaning/pump-out to:**

Charles County Department of Public Works - Utilities  
5310 Hawthorne Road  
La Plata, MD 20646  
ATTN: Pretreatment Specialist  
If you have questions about this form, please call 301-609-5632.