



# Hillsborough County Florida

Public Utilities

## HILLSBOROUGH COUNTY GREASE HAULER MANIFEST

### HAULER INFORMATION:

Grease Hauler Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_ Vehicle Tank Capacity: \_\_\_\_\_ (Gallons)

Hillsborough County Hauler Registration Number: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

### CUSTOMER INFORMATION:

Facility Name: \_\_\_\_\_

Number of Devices Serviced: \_\_\_\_\_ Device Type(s): \_\_\_\_\_

### DEVICE(S) SERVICED (Grease Trap/Interceptor)

T-1 Grease Cap (Inches): _____	Bottom Solids (Inches): _____	Total Depth (Inches): _____
T-2 Grease Cap (Inches): _____	Bottom Solids (Inches): _____	Total Depth (Inches): _____
T-3 Grease Cap (Inches): _____	Bottom Solids (Inches): _____	Total Depth (Inches): _____
T-4 Grease Cap (Inches): _____	Bottom Solids (Inches): _____	Total Depth (Inches): _____
T-5 Grease Cap (Inches): _____	Bottom Solids (Inches): _____	Total Depth (Inches): _____

PVT PS  Lint Trap

Service Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Total Gallons Removed: \_\_\_\_\_

Device Repair(s) Recommended: \_\_\_\_\_

### DISPOSAL INFORMATION:

Disposal Site Name: \_\_\_\_\_ Disposal receipt number: \_\_\_\_\_

Address: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Total Gallons Disposed of: \_\_\_\_\_

I certify under penalty of law that the information submitted in this application is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_