



# Hillsborough County Florida

SM

## Public Utilities

### HILLSBOROUGH COUNTY GREASE HAULER MANIFEST

#### HAULER INFORMATION:

Grease Hauler Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Vehicle Tag Number: \_\_\_\_\_ Vehicle Tank Capacity: \_\_\_\_\_ (Gallons)  
 Hillsborough County Hauler Registration Number (HCHR): \_\_\_\_\_ Decal Number: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

#### CUSTOMER INFORMATION:

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Number of Devices Serviced: \_\_\_\_\_ Device Type(s): \_\_\_\_\_

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

PVT PS  Lint Trap

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): _____

**Grease Cap + Bottom Solids/Total Depth= \_\_\_\_\_ Percent of grease**

Service Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Total Gallons Removed: \_\_\_\_\_  
 Representative Name: \_\_\_\_\_ Representative Signature: \_\_\_\_\_  
 Hauler's Driver Name: \_\_\_\_\_ Hauler's \ Driver  
 Signature: \_\_\_\_\_

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

#### DISPOSAL INFORMATION:

Disposal Site Name: \_\_\_\_\_ Disposal receipt number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Disposal Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Total Gallons Disposed of: \_\_\_\_\_  
 Hauler's Name (PRINT): \_\_\_\_\_ Hauler's Signature \_\_\_\_\_

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.

Disposal Facility/Operator Name (PRINT): \_\_\_\_\_ Disposal Facility/Operator Signature: \_\_\_\_\_