



**CITY OF HODGENVILLE  
FOOD SERVICE ESTABLISHMENT  
FOG WASTE MANIFEST**

Date of FOG Waste Removal: \_\_\_\_\_ FSE Permit #: \_\_\_\_\_  
FSE Name: \_\_\_\_\_  
FSE Contact Person: \_\_\_\_\_  
Number of Grease Interceptors Pumped: \_\_\_\_\_  
Volume of Waste Removed: \_\_\_\_\_  
Disposal Site of FOG Waste: \_\_\_\_\_  
Hauler's Company Name: \_\_\_\_\_  
Truck Driver's Signature: \_\_\_\_\_  
Comments Regarding Load: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For FSE Use Only:**

I certify that this FOG removal was completed in accordance with all applicable Federal, State and Local laws, including the City of Hodgenville FOG Management Program. All contents were evacuated from the Grease Control Equipment (GCE) during this removal. No contents were placed back into the GCE following the removal. The GCE was inspected for deficiencies and required maintenance following removal of contents. I have attached a copy of the receipt to this form. I understand that there are significant penalties for the falsification of records.

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