



FOOD SERVICE NON-DOMESTIC USER SURVEY

| | |
|---|--|
| Business Name: | |
| Name & Title (Authorized Representative): | |
| Phone & Fax Numbers: | Email: |
| Facility Address: | Business/Mailing Address (if different): |
| SIC/NAICS Code: | |

- How many employees do you have? _____
- What are your hours of operation?
 - Sunday _____ Monday _____ Tuesday _____
 - Wednesday _____ Thursday _____ Friday _____
 - Saturday _____
- Do you discharge any waste other than sanitary sewage to the sanitary sewer? Yes No
- What is the maximum occupancy of this establishment? _____
- What type of grease recovery device is installed here? Trap Interceptor None
- Please indicate the size of your grease recovery device: _____
- Please indicate the date of most recent maintenance to your grease recovery device, including inspection or cleaning: _____

Please sign and date next page of this survey and return to the GRSD Sewer Authority.

FOOD SERVICE NON-DOMESTIC USER SURVEY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted 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.

Printed Name (Authorized Representative)

Title (Authorized Representative)

Signature (Authorized Representative)

Date