Fats, Oil & Grease Registration Form

Certain facilities that are located in Town of Oxford are required to register their activities with the Town of Oxford Water Pollution control Authority in accordance with Section 4.3 of the Town of Oxford Water Pollution Control Authority Rules and Regulations.

Facility Information

Name of facility: ____________________________________________
Owner (if different): _______________________________________
Street Address or Description of Location: ______________________
City/Town: ____________________________ State: ______ Zip Code: ______

Food Provider Class: 3 □ 4 □

Food Service License Class (See PHD Food Service License): ______

Health Department Permit/Establishment# (See PHD Inspection for #): ________________

Description of Foods Prepared on Site (or attach menu copy):
_____________________________________________________________________
_____________________________________________________________________

Description of FOG Treatment System: (Check One)

Outdoor Passive: __, Capacity:_______, Location:_______________________

Indoor Passive: __, Capacity:_______, Location:_______________________

Indoor Mechanical: __, Capacity:_______, Location:_______________________

Who Is Responsible for Coordinating Maintenance of FOG Pretreatment Units (Check One)

Landlord of Leased Facility: _____
Business Owner Located in a Leased Facility: _____
The Business Facility Owner: _____
If food is cooked or cooking utensils are cleaned at your facility?
Check each of the items below that are present in your kitchen:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, Number of units</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fryolators</td>
<td></td>
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<tr>
<td>B. Grills</td>
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<tr>
<td>C. Ovens</td>
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<tr>
<td>D. Tilt Kettles</td>
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<tr>
<td>E. Garbage Grinder</td>
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<tr>
<td>F. Three Bay Pot sink</td>
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<td></td>
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<tr>
<td>G. Two Bay Pot Sink</td>
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<tr>
<td>H. Single Bay Sink</td>
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<tr>
<td>I. Pre-rinse Sink</td>
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<tr>
<td>J. Dishwasher</td>
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<tr>
<td>K. Mop Sink</td>
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<tr>
<td>L. Wok Station</td>
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</tbody>
</table>

Attach Site Plan or Kitchen Plumbing Plan, List any additional AGRU, Passive Indoor or Outdoor Grease Traps as well as any details or any other information pertinent to this FOG Registration.

Describe where grease is disposed that is removed from traps. List name of renderer or grease recycling company used.
I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to applicable statute.

Signature: __________________________________________

Contact Information:
Name: __________________________________________
Phone Number: ________________________
Address: ________________________________________

Please complete this form and return to:
Attention: Scott Hlstead
Oxford WPCA
484 Oxford Rd
Oxford, CT 06478

WORKING FOR CLEAN GROUNDWATER