



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: _____