

City of Terrell
Attention: Pretreatment Dept.
P.O. Box 310
201 E. Nash Street.
Terrell, TX 75160
Phone: 972-551-6630

**APPLICATION FOR CITY OF TERRELL
SELF CLEANING REQUEST FORM**

DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE # : _____

TYPE OF TRAP: _____ SAND _____ GRIT _____ GREASE _____ OTHER (DESCRIBE OTHER)

CLEANING FREQUENCY: _____ DAILY _____ WEEKLY _____ MONTHLY

METHOD OF DISPOSAL: _____ ABSORB LIQUIDS INTO SOLID FORM AND DISPOSED INTO TRASH

_____ GREASE TRAP WASTE PLACED INTO SEALABLE LEAK PROOF CONTAINER FOR

TRANSPORTER TO PUMPOUT

SIZE OF TRAP: _____ GALLONS _____ POUNDS

LOCATION: _____

OWNER/OPERATOR AGREES BY SIGNATURE BELOW THAT THEY WILL MAINTAIN RECORDS OF
WASTE DISPOSAL AND PRODUCE THEM FOR COMPLIANCE INSPECTIONS.

SIGNATURE OF APPLICANT: _____