



Fats, Oils and Grease Control Program

Department of Public Works
200 S. President Street / PO Box 17
Jackson, MS 39205

Waste Hauler Manifest

TO BE COMPLETED BY FACILITY REPRESENTATIVE

Facility Name: _____

Facility Address: _____

FOG Device# Serviced: ____ Date/Time of Cleaning: _____ Est. Vol. Removed: _____ gal.

FOG Device Type: Grease Trap Grease Interceptor Sand/Oil Interceptor

Facility Representative Name: _____ Signature: _____

TO BE COMPLETED BY WASTE HAULER

Business Name: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Driver's Name: _____ Signature: _____

DISPOSAL SITE

Facility Name: _____

Date/Time of Disposal: _____ Manifest #: _____

CITY OF JACKSON FOG CONTROL PROGRAM

Date Processed: _____ Processed by: _____

MANIFEST DISTRIBUTION

Original – Disposal Site Files

Pink Copy – FSE Files

Yellow Copy – Waste Hauler Files