

Food Service Facility Grease Interceptor Waiver Request

Please mail completed request form to: St. Mary's County Metropolitan Commission
Attn: Waste Water Collections Superintendent, 23121 Camden Way, California, MD 20619

REQUESTOR INFORMATION					
Name of the Food Service Facility:		Date of Submittal:			
Address of the Food Service Facility:					
Requestor's Name:		Requestor's Relationship to the Facility:			
Requestor's Address (if different from above):					
Requestor's Phone:		Email:			
DESCRIPTION OF FOOD SERVICE FACILITY					
Type of Facility	☐Existing or Remodeled Facility	□ New or F	Proposed Facility		
General Description of the Food Service Facility: Please attach menu					
Procedures of Food Preparation:					
Hours of Food Service Operation:					
Number of Seats in the Facility:					
Does the Facility Utilize Deep Fryers:	☐ Yes ☐ No				
Requestor Signature:	Date:				

Metcom Use Onl	y:		
Reviewed by:		Date:	
Reviewed by:		Date:	
	WWC Superintendent		
Reviewed by:		Date:	
	Chief of Facilities/Operations		
Reviewed by:		Date:	
	Executive Director		
Waiver:	Granted	■ Not Granted	

Form must be completed in its entirety and a menu must be attached in order to be reviewed.

Please allow 30 days from the date of submittal for this request to be reviewed.