



CITY OF MARLBOROUGH  
DEPARTMENT OF PUBLIC WORKS  
135 NEIL STREET  
MARLBOROUGH, MA 01752

**Fats, Oils & Grease (FOG) Waste Disposal Tracking Form**  
**Separate Form Required for Each Trap Pumped at a Location**

**WASTE HAULER INFORMATION:**

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VEHICLE: \_\_\_\_\_ DECAL NO: \_\_\_\_\_ TANK CAPACITY: \_\_\_\_\_

**CUSTOMER INFORMATION:**

BUSINESS/COMPANY: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

TYPE OF DEVICE AT LOCATION: \_\_\_\_\_

**INTERCEPTOR, TRAP & OWS CONDITION:**

BAFFLE UNOBSTRUCTED & INTACT	YES _____	NEEDS REPAIR _____
COVER ACCESSIBLE, IN GOOD CONDITION & SECURE	YES _____	NEEDS REPAIR _____
OUTLET & INLET PIPES INTACT	YES _____	NEEDS REPAIR _____
WALLS & BOTTOM IN GOOD CONDITION	YES _____	NEEDS REPAIR _____

**ESTIMATED WASTE THICKNESS & VOLUME REMOVED FROM INTERCEPTOR, TRAP & OWS DEVICE:**

OIL/GREASE: _____ INCHES	BOTTOM SOLIDS: _____ INCHES
TOTAL DEVICE DEPTH: _____ INCHES	VOLUME PUMPED: _____ GALLONS

☐ I certify that by checking this box and signing below all information listed above is true and accurate. I further certify the device listed above was thoroughly pumped and cleaned and no removed waste was pumped back into the device or into the collection system. I understand that falsification of information may be a violation of the City of Marlborough's Sewer Regulations.

**CERTIFICATION:**

Customer Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Driver Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

**WASTE HAULER, CUSTOMER, WASTE DISPOSAL FACILITY AND DESIGNATED DISTRICT AUTHORITY  
MUST RETAIN A COPY OF THIS TRACKING FORM IN FILES FOR A MINIMUM THREE YEAR PERIOD.**