

**City of Fishers Public Works Department  
Food Service Facility Quarterly Report**

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10210 Eller Road, Fishers, IN 46038

**Directions:** Include cleaning and maintenance receipts along with the Maintenance Log when submitting. The quarterly reports shall be postmarked, faxed, e-mailed or hand delivered no later than ten (10) business days following the reporting quarter.

**End of Reporting Quarter: 1<sup>st</sup> - March 31<sup>st</sup> 2<sup>nd</sup> - June 30<sup>th</sup> 3<sup>rd</sup> - September 30 4<sup>th</sup> - December 31<sup>st</sup>**

1. **Date:** \_\_\_\_\_
2. **Name and Title of Person completing this report:** \_\_\_\_\_

Name of business or Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Designated Facility Owner, Registered Agent or Responsible Official:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. **Grease Waste Hauler:** (Company that hauls grease interceptor/trap waste)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. **Grease Waste Hauler:** (Company that hauls "yellow" grease stored in a container)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Has a modification been granted to your facility? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_