F.O.G. MANAGEMENT PROGRAM INITIAL ENROLLMENT APPLICATION

RETURN FORM TO:
Attn: Public Works Department
City of O'Fallon 100 North Main Street O'Fallon, Missouri 63366

Please accurately and completely fill out the below information. This information will be needed for further communication about the City of O'Fallon's FOG Management Program.

FACILITY CONTACT INFORMATION

Company Name		Owner Name (if different)			
Facility Address					
	Street	City		State	Zip
Mailing Address (if different)					
	Street	City		State	Zip
Facility Contact Person *(Person for daily contact for routine information)*					
	Name	Phone			
	Title	E-mail			

Day/Hours of Operation	Su	M	T	W	Th	F	Sa

Indicate what is the best time for the City of O'Fallon to conduct an initial site visit (day of the week, time of day, etc.):

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature	Name/Title*	Date

**Certification shall be provided by a principal executive officer or for a partnership the sole proprietor, general partner, etc. By signing this certification the persons indicated as the authorized representatives on page 1 are hereby authorized to be the signatory authority on further communications.*