



Clay Township Regional Waste District FOG Modification Request Form

Phone: 317-873-0564 Fax: 317-873-0563 www.ctrwd.org
Address: 10701 N. College Ave. Suite A, Indianapolis, IN 46280

Submittal of this form does not guarantee a modification will be granted. The grant of a modification based on this form may be revoked at any time if wastewater is identified as having a negative impact to the health, safety, and welfare of others, or if circumstances warrant. A modification only applies to the specific part of the ordinance mentioned in this form and not for any other part. The request will not be processed if it is found to be incomplete.

For District use only:

Date Received:

Date Reviewed:

Granted/Denied:

\$50 Fee Paid: Yes No

Part A. Applicant Information

Date of submittal of modification form: _____

Name of Applicant: _____

Name of Facility: _____

Facility Address: _____

Name of Owner of the building where the Facility is located: _____

Phone Number where Applicant can be reached: _____

Part B. Basis for modification request (If further space is required in the completion of this form, attach additional pages)

Please specify the part of the FOG Ordinance you are requesting the District to modify for your Facility:

Please explain the modification you are proposing:

Please explain the reason for this request:

Part C. Need for modification support documents

Please attach documentation that will help support your modification request.

Part D. Agreement

By this signature, the applicant indicates understanding that the submittal of this form does not guarantee a modification will be granted, and the granting of this modification does not permit non-compliance to any other part of the FOG ordinance. The District reserves the right to revoke this modification grant.

Signature: _____ Date: _____