



## Clay Township Regional Waste District FOG Modification Request Form

Phone: 317-873-0564 Fax: 317-873-0563 [www.ctrwd.org](http://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
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### 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: \_\_\_\_\_