

**Appendix II. Letter of Participation
BEST MANAGEMENT PRACTICE PROGRAM
City of Norman, Environmental Services**

Facility Name: _____

Facility Address: _____

Mailing Address: _____

City, State, & Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

- This facility will comply with an approved Best Management Practice (BMP) Program for fats, oils, and grease generated by the food industry processes.

Does this facility have an inside or an outside grease trap?

- Outside Inside

Name of company that cleans your grease trap: _____

Cleaning frequency:

- Weekly Bi-Weekly Monthly Every 2 Months Every 3 Months Other

If **Other** please specify: _____

Please note that anything over 90 days is in violation of the City of Norman BMP Program, Section E:6.

This form must be submitted annually (by January 1st) to:

City of Norman
Environmental Services
P.O. Box 370
Norman, OK 73070
Fax: 292-9793
Phone: 292-9731
Email: Paul.Wright@NormanOK.gov

“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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Signature of Authorized Representative

Date

Printed or Typed Name and Title

Phone Number