

City of Loveland – Pretreatment Program

200 North Wilson Avenue
Loveland, Colorado 80537

Sent via FedEx #:xxxx xxxx xxxx

In accordance with City Code Section 13.10.607, you must complete this form and return it to the City of Loveland using the enclosed envelope. Type or print legibly.

Restaurant Name: _____

Street Address: _____

City: _____ State: _____

Telephone: _____

Person(s) at this location who are authorized to accept legal notices regarding Pretreatment:

Name: _____ Position: _____

If the Restaurant is owned by a state-wide or national company with offices outside of Loveland, please provide contact information for the state or national office:

Street Address: _____

City: _____ State: _____

Telephone: _____

Name: _____ Position: _____

If the Restaurant leases the property upon which the restaurant is located, please provide the following information:

Property Owner: _____

Street Address: _____

City: _____ State: _____

Telephone: _____

I have received the Authorization to Discharge form which states: (i) the frequency with which the Restaurant's grease removal device must be pumped and emptied; and (ii) that documentation of each pumping is required. I affirm that the Restaurant will post the Authorization to Discharge form in a prominent location.

Signature

Title

Print name

Date