



Certificate Registration/Replacement Form

Please fill one Registration Form for each interceptor on site

Interceptor Information

<input type="checkbox"/> Residential Home or Company Name:	
Address:	Zip Code:
Name of the Person Submitting Application:	
Phone #:	Date:
<input type="checkbox"/> First Time Registration <input type="checkbox"/> Replacement Certificate (\$27.66 fee per interceptor) TCEQ#: _____	

Mailing Information (Optional)

Complete Address:
Attention:

Type of Business:

- | | |
|---|---|
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Church |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Washateria |
| <input type="checkbox"/> Auto Shop | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> School | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Convenient Store | <input type="checkbox"/> Apartment Complex |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Living (Senior/Group/Assistance) |
| <input type="checkbox"/> Residential Home | <input type="checkbox"/> Other: _____ |

Type of Interceptor:

- Residential Septic Tank
- Bay
- Sump Bay
- Reclaim Tank
- City Lift Station
- Management Responsible Grease Trap

There is no fee for first time Registration for: Residential Septic Tank, Bay, Sump Bay, Management Responsible Grease Trap, Reclaim Tank and City Lift Station.

If the Certificate is lost there is a non-refundable fee of \$27.66 for each replacement.

Application along with payment can be **Mailed or Walked** in to: 7411 Park Place Blvd Room: 109 Houston, TX 77087

Please make Checks and Money orders payable to: City of Houston
Office Hours: Monday- Friday 7:30 AM-12:00 PM and 1:00 PM-3:30 PM
We accept: Checks, Money Orders and Walk in Credit Cards **ONLY**.
 (Master Card, Visa and Discover Only) CC Minimum is \$3.00.

For more information, please contact our office:
 Main Line: (832) 393-5740
 Email Address: FOG@houstontx.gov

FOR OFFICE USE ONLY

Assigned TCEQ#:

Method of Payment:	Amount:
Check/ Money Order/CC Number:	<input type="checkbox"/> Walked in <input type="checkbox"/> Mailed
Date:	Receipt #