

F.O.G.  
FOOD ESTABLISHMENT NOTIFICATION FOR:  
New Establishments, Change in Ownership, or  
Existing Non Compliant

---

Date: \_\_\_\_\_

To: Mike Raymond, Safety & Compliance Coordinator  
Town of Manchester, Water & Sewer Dept.

mraymond@manchesterct.gov  
860-647-3150

Health Department Contact Information:

Name: \_\_\_\_\_

Town: \_\_\_\_\_

RE: Please check all that apply

New Establishment

Change in Ownership

Existing Non-Compliant

New Establishment Name: \_\_\_\_\_

Old Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

\_\_\_\_\_

New Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Existing Type of Grease Trap: \_\_\_\_\_

Establishment Class: \_\_\_\_\_