



Town of Lyman Grease Interceptor Registration Form

Date: _____

Name of Food Service Establishment: _____

Physical Location/Address for Establishment _____

Mailing Address for Establishment: _____

On Site Contact: _____

Normal Hours of Operation: _____

Signature of Owner/Responsible Party: _____

Return Form To: Scott Miller, Public Works Director
Town of Lyman
160 Groce Road
Lyman, SC 29365