Business Name:					
Address:					
Telephone	e:			1	
Size of Greas	e Trap:				
<u>Month</u>		Date of Service	Name of Cleaning Service or Employee	<u>Typical Quantity</u>	Method of Disposal
April	1st Week				
	2nd Week				
	3rd Week				
	4th Week				
	5th Week				
May	1st Week				
	2nd Week				
	3rd Week				
	4th Week				
	5th Week				
June	1st Week				
	2nd Week				
	3rd Week				
	4th Week				
	5th Week				
L certify that t	this document y	As prepared under my	v direction and supervision. The information submitted is, to	the hest of my knowledge and	helief
			nance and cleaning shall be retained for 5 years. Failure to p		
			e Borough Maintenance Department may result in fines or o		
Name:				Title:	
Signature:		Date:			