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