TOWN OF EMMITSBURG – GREASE TRAP CLEANING RECORD & VERIFICATION FORM

Facility name: _____
Site Address: _____
Mailing address: _____
Phone: _____
Contact: _____

Service Company used: _____
Mailing address: _____
_____
Phone: _____
Contact: _____

Date	**Cleaned by** *Name & Initial*	**Witnessed by** *Name &Initial*	**Gallons pumped**	**Grease Disposal Site**	**Remarks**

Emmitsburg Ordinance 09-05 requires that a copy of the Cleaning Record for this facility be sent to the Town by the tenth day of the month in January and July of each year, and/or as requested by the Town.

The information provided above is true and accurate to the best of my knowledge and ability.

_____

Facility owner/representative *Date*