

INITIAL GREASE TRAP REGISTRY

Property location _____ Property Serial # _____

Property Owner _____ Acct # _____

Mailing Address _____

Telephone # _____ Contact Name _____

Restaurant/facility Name _____

Mailing Address _____

Telephone # _____ Contact Name _____

Hours of Operation _____

Location of Trap(s) () Interior () Exterior Size of Trap(s) _____

Accessibility of Grease Trap _____

How often is Trap Cleaned? () Weekly () Monthly () Quarterly

Date last Cleaned _____ (please attach copy of receipt with form)

Name of Licensed Waste Disposal Firm Used _____

Comments: _____

Property Owner Date

Commissioner Date