Undersink (only)

Grease Trap Cleaning Record

CITY OF ELIZABETHTOWN

Business Name:

Address: Size of Grease Trap:

Date of Service	Name of Employee inspecting Cleaning:	Employee's Signature	Name of Cleaning Service: Employee	Additional Comments:

I certify that this document was prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name:	
Signature:	
Title:	
Phone:	
Date:	

Note: This form must be sent by the 10th of every February, May, August, November.
Maintenance shall include all grease trap cleanings, breakdowns, or problems.
Maintenance also includes rodding of any clogged or partially clogged line.

Send To: Tom Sanders
Pretreatment Coordinator
2501 Gaither Station Road
Elizabethtown, KY 42701
(270) 737-7733 (phone); (270) 737-6048 (fax)