



CITY OF ELIZABETHTOWN

Grease Trap Cleaning Record

Business Name: _____

Address: _____

Date of Service	Name of Employee Inspecting Cleaning:	Name of Cleaning Service	Size of Grease Trap:	
			Name of Cleaning Service Employee:	Additional Comments:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, and belief, true, accurate, complete and fully responsive. I am aware that there are significant penalties for submitting information which is false, not accurate, not responsive, and not complete, including but not limited to, the possibility of fine and imprisonment for knowing, willful or reckless violation.

Name: _____

Signature: _____

Title: _____

Phone: _____

Date: _____

Note: This form must be sent by the 10th of every January, April, July, and October.
 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
 Operations Manager
 2501 Gaither Station Road
 Elizabethtown, KY 42701
 (270) 737-7733 (phone); (270) 737-6048 (fax)
tom.sanders@elizabethtownky.gov

For additional forms go to: <http://www.elizabethtownky.org/wastewater.asp>
 Form revised March 2017. All previous versions are superseded by this form. Previous versions are not to be used for submission to the City.