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 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 All previous versions are superseded by this form.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.