GREASE TRAP CLEANING SCHEDULE

COMPANY NAME: _____

This form must be filled out each time the grease trap is cleaned. This form is to be signed and sent to the Sewer Department quarterly (January, April, July and October). Should you have any comments or questions please call 612-8108.

Send to: City of Idaho Falls
Sewer Department
P.O. Box 50220
Idaho Falls, Idaho 83405

DATE CLEANED	BY WHOM