



GREASE TRAP INSPECTION
2025 ANNUAL REPORT
(DUE JULY 15TH OF EACH YEAR)

Business Name: _____

Physical Street Address: _____

Business Owner's Name: _____

_____ Mailing Address:

_____ Phone Number:

_____ Email Address:

Condition of Grease Trap: _____

Grease trap tank pumped: ☐ YES ☐ NO; If yes, date of pumping: _____

Name of Business who completed the inspection/pumping: _____

Signature of Person Completing Form

Printed Name

Date: _____