

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

Business Name:	
Physical Street Address:	
Business Ow	ner's Name:
	Mailing Address:
	Phone Number:
	Email Address:
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Condition of Grease Trap:	
Grease trap tank pumped: ☐ YES ☐NO; If	f ves. date of pumping:
Name of Business who completed the inspec	
	Circustum of Dones or Completing Form
	Signature of Person Completing Form
	Printed Name
	Date:

See full Regulation in Section 5.8 Grease Traps and Interceptors on the District's website, under Rules & Regulations, https://threelakesws.colorado.gov.