



Grease and Oil Trap Quarterly Reporting Form

Name of establishment: _____

Address of establishment: _____

Type of establishment: _____

Contact: _____ Daytime Phone: _____

Date Cleaned: _____

Name of certified cleaning/repair company: _____

Certification # _____

Gallons removed _____ Disposal location _____

NAME: _____ Title: _____

Signature: _____ Date: _____

I certify that I have read Chesapeake Beach Water and Sewer Use Manual (enclosed) and agree to submit all reports within two weeks of cleaning and/or maintenance OR on a quarterly basis. I further agree to maintain all records regarding all maintenance activities for a period of two (2) years and to make such records available for review by Town Staff.