

GREASE TRAP PUMP-OUT RECEIPT

FACILITY: _____ PERMIT # _____

ADDRESS: _____ PHONE #: _____

GALLONS REMOVED IN TRAP: _____ FULL, _____ 1/2 FULL, _____ 1/4 FULL

GENERATOR'S SIGNATURE: _____ DATE: _____

TIME TRAP WAS PUMPED OUT: _____ A.M. P.M.

DATE TRAP WAS PUMPED OUT: _____

SIGNATURE OF HAULER: _____ PERMIT # _____

HAULER NAME: _____

HAULER PHONE #: _____

Office Use only: Receiver _____

Date Received: _____ **Time:** _____