## CITY OF BLACK RIVER FALLS

## **GREASE DISPOSAL FORM**

DATE	BUSINESS NAME	AMOUNT OF GREASE PUMPED	CAPACITY OF GREASE TRAP	FREQUENCY OF SERVICE		SIGNATURE OF SERVICING EMPLOYEE OR AGENCY REPRESENTATIVE
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	

## **RETURN COMPLETED FORM TO:**

City Hall 101 South 2nd Street Black River Falls, WI 54615 Fax: 284-1777

Email: brf.streets@blackriverfalls.us