

CITY OF BLACK RIVER FALLS GREASE DISPOSAL FORM

DATE	BUSINESS NAME	AMOUNT OF GREASE PUMPED	CAPACITY OF GREASE TRAP	FREQUENCY OF SERVICE	WAS GREASE BYPASSING INTO SEWER LINE?	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	

RETURN COMPLETED FORM TO:

City Hall
101 South 2nd Street
Black River Falls, WI 54615
Fax: 284-1777
Email: brf.streets@blackriverfallswi.gov