

CITY OF BLACK RIVER FALLS **GREASE DISPOSAL FORM**

DATE	Name of RESTAURANT Receiving Service	Amount of Grease Pumped	Capacity of Grease Trap	Frequency of Service	Was Grease Bypassing Into Sewer Line?	Pumping Business Name	Pumping Business EMPLOYEE signature
					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