



MANDATORY GREASE TRAP MONTHLY REPORT

Date: / / (Month / Day / Year) Location of Grease traps: Restaurant Name :			
Contact Num	nber :	sed e_se 's h	- in feet in the second
Date of Cleaned	Type of Grease Trap (Capacity)	Number of Grease Trap	Name of Contractor
Caller on Al.	AND DECK COLL RO	on lead of a	
10 x			
the information subn		ge and belief, true accurate	e, and complete. I am aware
	/Owner's Name & Signature		

For any question please contact: Grease Trap Recycling plant 043209688

رؤيتنا: بناء صدينة متميزة تتسوفسر فيها رفاهية العيش و مقسومسات النجاح Our Vision : To create an excellent city that provides the essence of success and comfort of living