

Town of Lillington
Grease Trap Service Record

On the 1st day of each month, send completed form to:
Town of Lillington Sewer Dept.
P.O. Box 296
Lillington, N.C. 27546

Business Name: _____
Grease Trap Location (address): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Telephone Number: _____ Fax Number: _____

Amount of grease and water pumped and hauled to disposal: _____ gallons
Grease _____ Water _____ Solids _____
Date pumped and Hauled: _____

Business Representative Name: (Print) _____
(Signature) _____ Date: _____

Waste Hauler Business Name: _____
Permit/Registration Number: _____
Driver's Name: (Print) _____
(Signature) _____ Date: _____

Disposal Information (Where Grease Wastes are off-loaded from tanker truck)
Disposal Site Name: _____
Address: _____
Phone Number: _____

Verification Of Origin: This is to certify that to the best of the knowledge and belief of the undersigned representative of the subject business and waste hauler, the information provided is true and correct and the subject wastes contain only food wastes, and that there are no sanitary wastes, industrial wastes, or toxic wastes present. I understand that falsification of this information is a violation of the Town of Lillington Sewer Use Ordinance, and Fat, Oil, and Grease Ordinance and is subject to the enforcement actions stated therein.

The Town of Lillington requires a copy of this form be kept on-site for three (3) years.