

Lakeland Sanitary District #1

GREASE TRAP MAINTENANCE LOG REPORT

Name of Business: _____

Service Address: _____

Contact Person: _____

Phone Number: _____

Reporting for Year _____

Date	Maintenance/Repairs Performed	Grease Removed	Disposal Firm

Reported by: _____

Date: _____

Per District Ordinance this form must be completed by April 1 and mailed, faxed or emailed to:
Lakeland Sanitary District #1
8780 Morgan Road
Minocqua, WI 54548
Fax: 715-358-8830
sandist@frontier.com