



GREASE TRAP CLEANOUT SCHEDULE FOR

Company Name	
Located at (full address)	
Name/Title of Responsible Official	
Business Telephone Number	
Fax Number	

VERIFICATION

I, _____, being the _____
(Name) (Office or Title)
 of _____ and being authorized to make this
(Company)

Verification on its behalf, state upon personal knowledge that the statements and information set forth in this Grease Trap Cleanout Schedule are true. I understand that false statements herein are made subject to the penalties of 198 Pa. C.S., Section 4904 relating to unsworn falsification to authorities.

(Signature) (Date)

Date Grease Trap Cleaned	
Name of Hazardous Waste Hauler	
Number of Manifest Copies Attached	

Please return completed form to MTMSA at address, fax or email listed below.

Phone: (215) 393-6930
 Fax: (215) 362-8711

www.mtmsa.org
mtmsa@mtmsa.org

1001 Stump Road
 Montgomeryville, PA 18936