

Business Name: _____

Facility Representative (Please Print):_____

Grease or Oil Removal Device Maintenance Log

This log is to be signed by a facility representative and sent back to the Town of Rye Clerk's Office with the facilities Biannual Compliance Report.

Type of Service Performed (cleaning/pumping or repair)	Date of Service	Time of Service	Volume of liquid and solids removed	Name of person or business performing service	Comments

I hereby certify that this information is accurate to the best of my knowledge: