

	<p><b>CLARK TOWNSHIP HEALTH DEPARTMENT</b> 430 Westfield Avenue Clark, NJ 07066-1704 TEL (732) 388-3600 FAX (732) 388-3839 www.ourclark.com</p>	 <p><b>Public Health</b> Prevent. Promote. Protect.</p>
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**Quarterly Grease Trap Report (Fill in the Year)\***

**Time Frame\***

Check the quarter for the report you are filing.

- Quarter 1 = January-March. Due no later than April 10th
- Quarter 2 = April-June. Due no later than July 10th
- Quarter 3= July-September. Due no later than October 10th
- Quarter 4=October-December. Due no later than January 10th

**Name of Establishment\***

**Address\***

**Phone Number\***

**Fax Number**

**Email Address\***

**Name of Responsible Party\***

**Do you have a waste oil bin/dumpster/receptacle?\***

- Yes
- No

**If yes, Upload an invoice here**

No file chosen

Note: Missing information will result in an incomplete submission and may result in non-compliance on your part.

**Do you share a waste oil bin/dumpster/receptacle with another restaurant?\***

- Yes
- No

**How many gallons of waste oil does it hold?\***

**How often is waste oil picked up?\***

**Name of waste oil hauler\***

**Please submit proof of hauler\***

No fil...osen

**Address of waster oil hauler\***

**Phone Number of waste oil hauler\***

**Name of company/store/vendor where you purchase your grease trap bioenzyme treatment...\***

**Treatment Used:\***

**Submit Invoice/Proof\***

No fil...osen

**Supplier's Address\***

**Supplier's City\***

**Supplier's State\***

**Supplier's Zip Code**

**Supplier's Phone Number\***

**Supplier's Fax Number**

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Name of the company that cleans out your grease traps.\*

Submit Invoice/Proof\*

 No file chosen

Supplier's Address\*

Supplier's City\*

Supplier's State\*

Zip Code

Supplier's Phone Number\*

Fax Number

How many grease traps are located in your establishment?\*

Name of grease trap treatment\*

Is your grease trap treatment applied manually or automatically?\*

How often is your grease trap treatment dispensed?\*

Where are the grease traps located. Please list specific locations.\*