

Telephone (952) 953-2588 Fax (952) 953-2515 www.cityofapplevalley.org

CITY OF APPLE VALLEY GREASE MAINTENANCE PLAN

Effective Date:					J							
Expiration Date:							Service Agreement#					
Business Address						Service						
Business Name:		Addr	ess				Business Na		mpany			
Contact:							Contact:	ine (Cusioiii	C1)			
Address:							Address:					
City				tate:	Zip:		City:	State:		Zip:		
Phone#				ax#	Ζιρ.		Phone:	State.	Fax:	Ζip.		
Cell#			Г	dX#			Cell:		гах.			
Email:							Email:					
Existing Customer	#						Corresponde	nco hy:	mail	email:		
Chain Name	#						Corresponde	ince by	_IIIaII	email.		
Corporate				Franchise	Indon	ondont						
Corporate			_	rranchise	ndepe	endent						
				Equip Inforn	oment nation							
Type of Business:							Type of Pro	oduct:				
Equipment:	Drums	Bulk Tank	Inside Tank	Outsid	e Tank _	_Cadd						
# of containers to b	e delivered:						Container L	_ocation:				
Special Instructions	s:											
					vice nation							
# of fryers						# of T	raps					
Frequency of fryer	oil change:					Trap S	Size:		Trap	Volume:		
Estimated volume/y	/ear:					Locati	on of Traps:					
Frequency of used cooking oil collection service:							equency of trap collection service:					
						1						
						1						
Building Owner:												
Title:												
Date Signed:												
Inspector(City):												
mopector(Oity).												
Authorized Signatur	·e				•							