



Grant Application form for: Fats Oils and Grease Abatement Equipment

Name of Establishment:	
Address:	
Account Number:	
Phone Number:	
Primary Contact Person:	
Annual Gross Income:	
Annual Net Income:	
Type of Grease Removal System Desired:	
Cost of Grease Removal System Desired:	
Reason for Request (attach additional pages if necessary):	