

**SANITARY DISPOSAL CONTRACTOR
DAILY LOG
(PRINT ALL INFORMATION)**

Business Name: _____

Driver: _____

License Number: _____

Vehicle Capacity: _____

Month: _____

Date	Every Pickup Address Street Address and City	Commercial (C) Residential (R)	Sewage or Grease	Disposal Site Wastewater Plant and City	Every Quantity (Gallons)

SIGNATURE: _____

DATE: _____

DUE BY THE 10th OF EVERY MONTH