



NEED A GREASE TRAP BUT CAN'T AFFORD ONE? We can help you!

Grant Application form for: Fats Oils and Grease Management Equipment

Name of Establishment:	
Address:	
Account Number:	
Primary Contact Person:	
Phone Number:	
Email Address:	
Annual Gross Income:	
Annual Net Income:	
Type of Grease Removal System Desired:	
Cost of Grease Removal System Desired:	
Narrative Summary: Please explain your need for funding (attach additional pages if necessary)	
Additional Submittal	Establishment's most recent tax return <u>or</u> financial statement; attach with application form. Invoice or receipt from contractor will also be required for payment.

Please return application via email to: FOG@lkssd.org