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**