

# Hazardous Materials Pickup Form



**Attach a Copy of this Form to the Container**

<b>Date of Request:</b>		
<b>Generator:</b>	<b>Phone:</b>	<b>Mail Code:</b>
<b>Location of Waste:</b>		
Building	Room	Area

## Material Description

Contents of Container:

Container Size:

Container Type:

Net Weight of Contents:  
(*if known*)

Units:

Number of Containers:

## Chemical Description or Product Name

**Notes:**