



WASTE COLLECTION REQUEST FORM

Send Completed Waste Collection Request Form to Sean Collins at spcollins@scu.edu to request a waste pickup.

Department:

Building Where Waste is Located:

Room Number/Location Where Waste will be on Pickup Day:

Contact Name and Phone Number to contact on Pickup Day:

Waste Description (chemical name(s), constituents of mixtures, estimated %, concentration, etc.)	# of Containers	Size of Containers	Do you need containers returned? Yes/No

Please Submit a Separate Sheet for Each Waste Location