Addison County Solid Waste Management District

HAZWASTE CENTER - CEG PRE-REGISTRATION FORM

Business Name:		Date:	
Business Address:			
Contact Name(s):			
Phone Number:		Fax Number:	
E-Mail:			
For District Use Only	Date of form receipt:		
Appointment Date:	Appointment Time:	Drums? YES	NO

Please note: A signature is required. In order to receive an appointment time, the District must first receive a SIGNED copy of this completed form.

General description of wastes (e.g., corrosives, oil-based paint, latex paint, thinners, aerosol cans, pesticides, herbicides, adhesives, tar, etc.) Use additional pages if necessary.	**Approx. Quantity (indicate gals. or lbs)**
Customer Signature:	**Date:**

Businesses are responsible for all disposal costs. Call 802-388-2333 with questions. We will contact you to set an appointment time after receiving this form.

Mail or fax this form to: ACSWMD, 1223 Route 7 South, Middlebury, VT 05753
Fax: (802) 388-0271

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