## ADDISON COUNTY SOLID WASTE MANAGEMENT DISTRICT HAZWASTE CENTER - CEG PRE-REGISTRATION FORM



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

Please note: <u>A signature is required</u>. 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, lat thinners, aerosol cans, pesticides, herbicides, adhesives, tar, etc.) Use additional pages if necessary.	tex paint,	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 or email this form to:

ACSWMD, 1223 Route 7 South, Middlebury, VT 05753 Email: don@acswmd.org Fax: (802) 388-0271