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DATE: ____/____/____

RECYCLE REQUEST FORM

Company Name: _____

Contact: _____

Company Address: _____

Company Phone: _____ Contact Phone or extension: _____

Recycle needs:

Pallets 1st 2nd Amount _____ per _____

Corrugated loose baled gaylord box Other _____

Amount _____ per _____

Plastic loose baled 55 drums Other _____

Amount _____ per _____

Metal 55 drums Other _____

Amount _____ per _____

Office paper Misc. paper Geenbar paper Maintenance preference: _____

Amount _____ per _____

Pick Up Instructions: Flatbed Trailer Live load Docks

Special Instructions: _____

Taken By: _____ Date needed: ____/____/____