VSQG CHEMICAL INVENTORY REGISTRATION

Business/Generator Name:	
Mailing Address:	
City, State, Zip Code:	

Contact Person:	**Telephone:**
County of Business/Residence:	**Fax:**

Please weigh your materials (in their containers). The quote will be based on the weight provided.

Waste Name/ Description	Number of Containers	Container Size	TOTAL Volume in Pounds
Example: *Diazinon*	*3*	*1-gallon*	*24 pounds*

Assistance is available to complete this form at 715.281.0220. Attach additional sheet(s) if necessary. Explosives and ordnance, radioactive materials, and infectious wastes will NOT be accepted during this collection event.

Prior to Friday, May 27, 2016:

Please fax this completed form to (715) 284-0238,
Email beth.storlie@co.jackson.wi.us
terry.schmidt@co.jackson.wi.us

or mail to:
Jackson County Recycling
307 Main Street Suite B03
Black River Falls WI 54615