



HAZARDOUS WASTE DISPOSAL REQUEST FORM

Emergency Management and Safety
Campus Box 1657
Phone: (618) 650-5634

Contact Person: _____

Location of Items: _____

Contact Phone: _____

Room/Lab: _____

Date: _____

Available Pickup Times: _____

List items separately, number each container, attach additional worksheets if necessary.

Table with 3 columns: Description of Contents, Number of/ Container Size, Weight or Volume of Contents in Container. Rows numbered 1 to 10.

-Attach worksheet for additional items-

Department Chair Signature: _____

Teaching [] Research []
(check one)

Account Number (Budget Purpose): _____

I understand that the disposal fees listed above will be charged to my account. I further understand that should the actual amount for disposal be more or less than specified, my account will be adjusted accordingly.