

FOR CUSTOMER TO COMPLETE:

Name of Customer:

Address:

UTILITIES SOLID WASTE HAZARDOUS WASTE DECLARATION FORM

Small quantities (less than 30kg or litres) of identifiable approved household hazardous waste will be accepted at the Te Puke, Athenree and Katikati Recycling Centres by prior arrangement. Please call 07 571 8008 for enquiries. Contact: Ilze Kruis

The waste will be accepted or declined by the trained Site Operator whose decision is final. The waste will be placed in a hazardous waste shed for storage until safe disposal.

	Phone Number:							
	Mater	ial Description:						
Item Numi	oer	Chemical Unknown chemicals will NOT be acce	epted	No. of containers		ontainer Description not in original packaging		Quantity Litres or Kg
1								
2								
3								
4								
5								
	I certify that the containers are accurately labelled as to contents. Signed: Date:							
	Take completed form to the recycle site of your choice during its opening hours FOR SITE OPERATOR TO COMPLETE							
	Recycle Site (circle one):			e Katik	ati	Te Puke		
	Accepted / Declined							
	If declined, please state reason:							
	Signature: Date:							