COUNTY OF ST. CLAIR, MICHIGAN
RESOURCE RECOVERY OFFICE
HOUSEHOLD HAZARDOUS WASTE PROJECT

DROP-OFF APPOINTMENTS

NAME: _____ DATE OF FIRST CONTACT: _____

ADDRESS: _____ APPT DATE: _____

CITY: _____ APPT TIME: _____

PHONE NO: _____

MANIFEST INFORMATION

NAME OF MATERIAL	LIQUID (L) or SOLID (S)	CONTAINER SIZE	CONTENTS AMOUNT	HAZARD CLASS