



**CITY OF OWEN SOUND
HOUSEHOLD HAZARDOUS WASTE REPORT**



PLEASE COMPLETE ENTIRE FORM

DRIVER'S NAME _____ ADDRESS _____ MUNICIPALITY _____ PHONE # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%; padding: 5px;">WASTE TYPE</th> <th style="width:20%; padding: 5px;">AMOUNT*</th> </tr> </thead> <tbody> <tr><td>ACIDS</td><td>_____</td></tr> <tr><td>AEROSOL SPRAYS</td><td>_____</td></tr> <tr><td>AMMONIA, LYE</td><td>_____</td></tr> <tr><td>ANTIFREEZE</td><td>_____</td></tr> <tr><td>BATTERIES (AUTOMOBILE)</td><td>_____</td></tr> <tr><td>BATTERIES (HOUSEHOLD)</td><td>_____</td></tr> <tr><td>CLEANERS</td><td>_____</td></tr> <tr><td>DRIVEWAY SEALER</td><td>_____</td></tr> <tr><td>FERTILIZER</td><td>_____</td></tr> <tr><td>FIRE EXTINGUISHER</td><td>_____</td></tr> <tr><td>FUEL (GAS, DIESEL)</td><td>_____</td></tr> <tr><td>MERCURY</td><td>_____</td></tr> <tr><td>MOTOR OIL</td><td>_____</td></tr> <tr><td>PAINT</td><td>_____</td></tr> <tr><td>PESTICIDE / HERBICIDE</td><td>_____</td></tr> <tr><td>PHARMACEUTICALS (DRUGS)</td><td>_____</td></tr> <tr><td>PROPANE TANK</td><td>_____</td></tr> <tr><td>STAIN, SOLVENT, GLUE</td><td>_____</td></tr> <tr><td>OTHER:</td><td>_____</td></tr> <tr><td>OTHER:</td><td>_____</td></tr> </tbody> </table>	WASTE TYPE	AMOUNT*	ACIDS	_____	AEROSOL SPRAYS	_____	AMMONIA, LYE	_____	ANTIFREEZE	_____	BATTERIES (AUTOMOBILE)	_____	BATTERIES (HOUSEHOLD)	_____	CLEANERS	_____	DRIVEWAY SEALER	_____	FERTILIZER	_____	FIRE EXTINGUISHER	_____	FUEL (GAS, DIESEL)	_____	MERCURY	_____	MOTOR OIL	_____	PAINT	_____	PESTICIDE / HERBICIDE	_____	PHARMACEUTICALS (DRUGS)	_____	PROPANE TANK	_____	STAIN, SOLVENT, GLUE	_____	OTHER:	_____	OTHER:	_____
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