



# WASTE PICKUP REQUEST FORM

## Mount Royal University

EHS Dept. Use

Order #:

Date

Department

Requestor Name

Requestor Phone

Requestor Email

Waste Type

Item	Location	Description (Size, Volume, etc)	Quantity	Container Type	Container Required
1					<input type="text"/>
2					<input type="text"/>
3					<input type="text"/>
4					<input type="text"/>
5					<input type="text"/>
6					<input type="text"/>
7					<input type="text"/>
8					<input type="text"/>
9					<input type="text"/>

Additional Information

For Hazardous or Biohazardous Waste OR for Container Replacement  
please direct this completed form to Arleta - ATYZO@MTROYAL.CA (ext 5629))