

HHW COLLECTION FORM

RUTLAND COUNTY SOLID WASTE DISTRICT

Employee Initials: _____	Customer Arrival <b>Date and Time:</b> _____	Permit Number: _____
Customer Info:	Name _____ Street _____	Town _____ State _____ Zip _____

Material Description	Quantity	UOM
Material Description	Quantity	UOM
Material Description	Quantity	UOM
Material Description	Quantity	UOM
Material Description	Quantity	UOM
Material Description	Quantity	UOM
Material Description	Quantity	UOM
Material Description	Quantity	UOM

Walk-in OR  Appointment

Time Finished Storing Customer Material: \_\_\_\_\_

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