



APPENDIX C



City of Albuquerque Solid Waste Management Department

Household Hazardous Waste Collection Program For City of Albuquerque/Bernalillo County Residents



6137 Edith Blvd. NE
Albuquerque, NM 87107
Participant Form

This information is utilized by the City of Albuquerque Landfill Disposal Divisions Department solely for the purpose of gathering demographic information to continuously improve the services it provides to you.

Please print and **Thank You** for responsibly utilizing this program! Forms will only be accepted from 10am to 3pm on August 24, 2019.

Date: August, 24, 2019			
Name:		Phone No.:	
Address (No PO Box #s):			
Resident of City of Albuquerque:	<input type="checkbox"/>	Bernalillo County:	<input type="checkbox"/>
		Zip Code:	<input type="text"/>

How did you hear about this event: _____

What did you bring in for disposal? Please answer in the section below:

Check for Yes

Latex Water Based Paints	<input type="checkbox"/>
Oil Based Paints, Finishes, and Stains	<input type="checkbox"/>
Flammable Solvents and Fuels	<input type="checkbox"/>
Aerosol Spray Cans	<input type="checkbox"/>
Pesticides, Herbicides, and Poisons	<input type="checkbox"/>
Automotive Antifreeze	<input type="checkbox"/>
Automotive Oils	<input type="checkbox"/>
Corrosives, Cleaners, and Photographic Chemicals	<input type="checkbox"/>
Automotive and Motorcycle Batteries	<input type="checkbox"/>
Oxidizers, Fertilizers, and Pool Chemicals	<input type="checkbox"/>
Batteries	<input type="checkbox"/>
Fluorescent Bulbs <i>(Please indicate if 4 foot, 8 foot, or other and quantity of each)</i>	<input type="checkbox"/>

I certify that I am a resident of Bernalillo County and that the materials I am bringing in for reuse, recycling, and/or ultimate disposal are not biomedical, radioactive, pyrophoric (spontaneously reactive when in contact with air), or explosive materials. I further certify that these materials are exactly what I have described them to be on this form:

Your Signature: _____

For Office Use Only:

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Visitor ID Number: _____ Entered By: _____