

HAZMAN HOUSEHOLD HAZARDOUS WASTE RECEIPT

OPERATOR: ENVIRONMENTAL SERVICE GROUP (NY), INC.

**177 Wales Avenue
Tonawanda, New York 14150
716-695-6720**

Customer # _____

HOUSEHOLD / CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR INFORMATION

NAME _____	HOW DID YOU HEAR ABOUT HAZMAN?		
ADDRESS _____	<input type="checkbox"/> Erie County	<input type="checkbox"/> Internet / Online	<input type="checkbox"/> Valu Home Centers
CITY, STATE _____	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Town Hall	<input type="checkbox"/> Modern
TELEPHONE _____	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Friend / Family	<input type="checkbox"/> Waste Management
GENERATOR SIGNATURE _____	<input type="checkbox"/> Radio Commercial	<input type="checkbox"/> Reatlor	<input type="checkbox"/> Guard
YES / NO	Generator states that the wastes listed below are household-generated or conditionally exempt small quantity generated		<input type="checkbox"/> ESG
			<input type="checkbox"/> Other _____

CONTENTS - LIST INDIVIDUAL CONTAINERS

WASTE TYPE Acceptable Items *	COST / lb.	QUANTITY	WEIGHT (lbs.)	Voucher Total	Hazman Total
NH Paint & Adhesives	\$ 0.75	cans			\$
Flam. Paints	\$ 0.75	cans			\$
Flam. Liquids	\$ 0.75	containers			\$
Misc. Cleaners	\$ 0.75	containers			\$
Gasoline	\$ 0.75	containers			\$
Antifreeze	\$ 0.75	containers			\$
Misc. Oils	\$ 0.75	containers			\$
Electronics	\$ 0.50	units			\$
Batteries (Ni-Cad, Lithium, Litium Ion, Pb) *	\$ 0.75	boxes			\$
Herbicides / Pesticides	\$ 0.75	containers			\$
Mercury (1 lb. minimum)	\$ 15.00	units			\$
Aerosols	\$ 1.50 ea.	cans			\$
Lightbulbs (2, 4, 6, 8ft.)	\$ 1.00 ea.	bulbs			\$
Propane, Butane, Helium Tanks (Sm. / Lg.)	\$ 5.00 / \$10.00 ea.	tanks			\$
Tires	\$ 10.00 ea.	tires			\$
Fire Extinguishers	\$ 10.00 ea.	units			\$
Thermometers / Thermostats *	\$ 15.00 ea.	units			\$
Refrigerators / Freezers / Air Conditioners	\$ 15.00 ea.	units			\$
Corrosives, Acids, Bases	\$1.00	containers			\$
					\$
	\$				\$
	\$				\$
TOTAL			lbs.	\$	\$

ESG SIGNATURE _____

DATE _____

PAYMENT METHOD Cash _____ Check # _____ Credit Card _____ Invoice # _____

FEE _____

SHEET ____ **OF** ____