

**HHW COLLECTION FORM**

**RUTLAND COUNTY SOLID WASTE DISTRICT**

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

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
Material Description	Quantity	UOM

Walk-in OR  Appointment

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

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