



City of Owen Sound Household Hazardous Waste Report Form

All users of the Household
Hazardous Waste Depot
must fully complete this form.

Driver's Name: _____

Address: _____

Municipality: _____

Phone Number: _____

This waste is from # _____ of households

Comments: _____

Declaration:

I certify that the materials I am bringing to the Owen Sound Household Hazardous Waste Depot are not waste products from a business, industry, institution or farm property.

Signature: _____

Date: _____

FOR INTERNAL USE ONLY:

Multiplier for every 54L: _____

Verified By: _____

PLEASE MARK THE LITRES (L) OR
NUMBER OF ITEMS (#) BROUGHT IN

Acids (L) _____

Aerosols (#) _____

Ammonia, Pool Chemicals (L) _____

Antifreeze (L) _____

Batteries (Automobile) (#) _____

Batteries (Household) (#) _____

Driveway Sealer (L) _____

Fertilizers (L) _____

Fire Extinguishers (#) _____

Fluorescent Tubes (#) _____

Fluorescent Bulbs (CFLs) (#) _____

Fuel (Gas/Diesel) (L) _____

Household Cleaners (L) _____

Mercury (#) _____

Motor Oil (L) _____

Paints and Stains (L) _____

Pesticides (L) _____

Pharmaceuticals (Drugs) (L) _____

Propane Tanks (#) _____

Solvents and Glues (#) _____

Other Items _____



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