**VEOLIA ENVIRONMENTAL SERVICES**

**PICKUP REQUEST FORM**

**FAX COPY TO E. H. & S. COORDINATOR AT (850) 617-1789**

|  |  |
| --- | --- |
| **Date of Request:** | **By:** |

|  |  |
| --- | --- |
| **PICKUP SITE INFORMATION** | **BILL TO INFORMATION** |
| **NAME:** | **NAME:** |
| **ADDRESS:** | **ADDRESS:** |
|  |  |
| **CONTACT:** | **CONTACT:** |
| **PHONE:** | **PHONE:** |
| **FAX:** | **FAX:** |

**PICKUP INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# OF CONTAINERS** | **CONTAINER TYPE** | **DESCRIPTION OF WASTE** | **ESTIMATED COUNTS** | **REPLACE CONTAINERS?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**SPECIAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Is lift gate needed? | Y/N | Any other special instructions? |
| Semi accessible? | Y/N | HOURS:  PO#: |
| Is product on a loading dock? | Y/N |
| Pallet jack needed? | Y/N |
| Drum dolly needed? | Y/N |
| Palletized? | Y/N |
| Shrink wrapped? | Y/N |
| Are containers labeled? | Y/N |
| Requested date of service: |  |
| Pickup hours at site: |  |

**SCHEDULE INFORMATION**

|  |  |
| --- | --- |
| Date scheduled: | Driver/Subcontractor: |
| Date customer notified: | By: |

**ENVIROWARE INFORMATION**

|  |  |  |
| --- | --- | --- |
| Company #: | Profile: | Sales Order #: |
|  |  | Old PS: |
|  |  | New PS: |