

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
UNIVERSAL WASTE
PICK UP REQUEST

Please send completed request to Risk Management at Box 840 or Fax to 399-2071.

Site or School Name: _____ Date: _____

Address: _____

Name of Site contact: _____ Phone Number: _____

Location of Stored Waste: _____ Replacement Containers Needed: _____

4 foot Used Fluorescent Lamps Straight Number of Boxes: _____

8 foot Used Fluorescent Lamps Straight Number of Boxes: _____

High Intensity Discharge Lamps Number of Containers: _____ # of Lamps: _____

Compacts, U-Tubes, & Circuli4 72 re2m0 g0 GJTETQq.0000092 0 62 72 reW*BT/F2 12 Tf1 0 0 1 507.34 41