

# HOUSEHOLD HAZARDOUS WASTE

## House-Side Collection

### Checkout Agreement

**\$25 PER  
Collection**

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_

City **Johnston** ZIP \_\_\_\_\_

Contact No. (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Yes  No Will you be disposing of bagged lawn and garden chemicals (e.g., fertilizers, herbicides)?

\_\_\_\_\_ (PLEASE INITIAL) I acknowledge that my \$25 fee covers the collection cost for up to two bins. If I check out two bins, I must set both bins out even if I don't fill both.

\_\_\_\_\_ (PLEASE INITIAL) I hereby certify that the material I put in this bin, in fact, originated from a household and not from a business, my own or otherwise. I further certify that all the information provided on this form is accurate to the best of my knowledge. I realize this form may not release me from future liability for the waste and that failure to provide accurate information may result in enforcement action under the authority of any applicable state or federal laws and regulation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

\_\_\_\_\_ No. of Bins Checked Out

#### FORM OF PAYMENT

Cash  
 Check No. \_\_\_\_\_

Serial No. on Bins:

1) \_\_\_\_\_

2) \_\_\_\_\_

Signature of City Staff Checking Out Bins

EMAIL/FAX TO: hazwaste@mwatoday.com or 515.967.1772



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