VSQG CHEMICAL INVENTORY
REQUEST FOR QUOTE

Business/Generator Name:
Mailing/Street Address:
City, State, Zip Code:

Contact Persons:	**Telephone:**
County of Business/Residence:	**Fax:**

Please weigh your materials (in their containers). The quote will be based on the weight provided.

Waste Name/ Description	**Number of Containers**	**Container Size**	**TOTAL Volume** ***In pounds***
Sample: *Diazinon*	3	1-gallon	24 pounds

Free Technical Assistance is available to complete this form at 1-715-635-2197
Attach additional sheet(s) if necessary. Explosives and ordnance, radioactive materials, and infectious wastes will not be accepted during this collection event. Please consult NWRPC on these items.

Please fax this completed form to 715-635-7262, or mail to:
NWRPC
1400 River Street
Spooner, WI 54801