

RESIDENTIAL HHW COLLECTION FORM

RUTLAND COUNTY SOLID WASTE DISTRICT

Employee Initials _____	Customer Arrival _____ / _____ Date Time	Permit Number _____
Customer Info _____		
Name	Street Address	Town State Zip

Material Description	Quantity/UOM	Cost
Material Description	Quantity/UOM	Cost
Material Description	Quantity/UOM	Cost
Material Description	Quantity/UOM	Cost
Material Description	Quantity/UOM	Cost
Material Description	Quantity/UOM	Cost

In District **OR** Out of District
 Total Cost: _____
 Time Finished Storing Customer Materials: _____