



## Treated Wood Waste Customer Form

A completed form needs to accompany each load of TWW.

Select One:            Recology Hay Road             Recology Ostrom Road

Disposal Date: \_\_\_\_\_

**YES NO**

Do you have a DTSC Variance for treated wood waste?           

\*If **Yes** please fill out Section 1 and 2

\*If **No** please fill out Section 2 and 3

### Section 1:

Transporter Variance Number: \_\_\_\_\_

Generator Variance Number (if applicable): \_\_\_\_\_

### Section 2:

Generator Information: \_\_\_\_\_ Residential

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Section 3:

Transporter Information: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle License Plate Number (excluding trailers): \_\_\_\_\_

## Customer Certification

I hereby certify that all supplied information and documentation is true and accurate.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date