Version 1.2 - Edited July 25th, 2008

## **Organics Collection Service Request Form**

Today's Date	
Preferred Service Start Date	
Primary Contact Name	
Primary Contact Telephone	
Primary Contact Email	
Secondary Contact Name	
Secondary Contact Telephone	
Secondary Contact Email	
Building Name	
Building Address	
Number of Bins Requested	
Number of bills nequested	
Please describe the pickup location for our drivers Note: location must be truck accessible	
Please describe the pickup location for our drivers Note: location must be	

A representative from UBC Waste Management will contact you within one week of receiving this form. Thank you.

















