

VSQG Chemical Inventory / Program Registration

Business/Generator Na	ame:
Mailing/Street Address	:
City, State, Zip Code:	
Contact Persons:	Telephone:
County of Business / Residence:	Business Fax:
E-Mail Address:	

Please weigh materials in their containers. The quotation may be based upon the weight provided.

Waste Name /Description	Number of Containers	Container Size	Total Amount In Pounds
Sample: Diazinon	3	1-gallon	24 pounds

Free Technical Assistance is available to complete this form at 715-446-3101 EXT. 103. Ask for John Peralta.

Attach additional sheet(s) if necessary.

Explosive and ordnance, radioactive material, and infectious wastes will not be accepted.

Please send this completed form to:

EMAIL: John.Peralta@co.marathon.wi.us **FAX:** (715) 446-2906 Attn: John

MAIL: Marathon County Solid Waste Dept. Attn: John Peralta, 172900 State Hwy 29, Ringle, WI 54471

You must also book an appointment prior to bringing in items!

Call 715-446-3101 x. 103, or use our online appointment booking process.