

**CITY OF CASPER  
CESQG HAZARDOUS WASTE COLLECTION PROGRAM  
INVENTORY FORM**

Waste Description (main active ingredient)	Physical State (liquid, solid, gas, crystal, etc.)	Number of Containers	Size of Containers	Total Weight in Pounds
<b>GRAND TOTAL WEIGHT (IN POUNDS)</b>				

CESQG's Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Hazardous Waste EPA Identification Number (if applicable): \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ [Signature of Authorized Business's Representative]  
certify all information therein is true to the best of your knowledge.

Printed Name of Authorized Business's Representative: \_\_\_\_\_

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