

### Hazardous Chemical Waste Disposal Request Form

User Information			
Name:		Phone No.:	
		Department:	

Disposal Request Information			
Room No. / Waste Location:		Request Date:	
Full Chemical Name(s) and Percentage(s) (please print clearly; this form may be used for multiple containers)	Physical State (solid, liquid, gas)	Number of Containers	Container Volume

Send completed form to [hazardouswaste@concordia.ca](mailto:hazardouswaste@concordia.ca)