

TOWN OF WAYLAND BOARD OF HEALTH
HOUSEHOLD HAZARDOUS WASTE COLLECTION REGISTRATION

SATURDAY, May 14, 2011

9:00 A.M. - 12:00 NOON

PARKING LOT OF FORMER WAYLAND-SUDBURY SEPTAGE TRTMNT PLANT
LEFT OF ENTRANCE TO WAYLAND LANDFILL & RECYCLING CENTER
484 BOSTON POST ROAD

NAME _____ TELEPHONE: HOME _____
ADDRESS _____ WORK _____

Please put a (1) next to the best time for you and (2) next to a possible alternate time. Assume you have your first choice unless we call you to make alternate arrangements. Choose convenient times, not necessarily the first time listed. There will be adequate funds if residents abide by the limit below.

9:00 - 9:30 _____	10:30 - 11:00 _____
9:30 - 10:00 _____	11:00 - 11:30 _____
10:00 - 10:30 _____	11:30 - 12:00 _____

Please list the items you will be bringing with approximate amounts.

Mail or take this form to the Wayland Board of Health, Town Hall, 41 Cochituate Road, Wayland, MA 01778, or fax to 508-358-3619 by Friday, May 13, 2011 at 12:00 noon.

KEEP THIS LOWER PORTION TO BRING ON THE DAY OF THE COLLECTION
HOUSEHOLD HAZARDOUS WASTE COLLECTION - SATURDAY, May 14, 2011
FORMER WAYLAND-SUDBURY SEPTAGE TREATMENT PLANT - 484 BOSTON POST ROAD

Please understand that because funds for disposal are limited, we may limit the amount of waste per household to 10 gallons or 10 pounds of waste at the time of collection. No waste from any business will be taken at this collection and excessive amounts of residential waste may not be accepted. We will do our best to get everyone through the line during the half hour that they are scheduled, but please be patient with delays. **You must come by car and remain in your car during the process. The staff will direct you to the appropriate area for hazardous waste disposal. Plan to arrive at the site at the beginning of your scheduled half hour - do not come early. No hazardous waste will be accepted after 12 noon.**

Questions, please call the Board of Health office at 508-358-3617. **Please note: Residents without a valid Landfill sticker will be limited to Hazardous Waste Disposal only. This will be strictly enforced. If you have a valid sticker, dispose of your hazardous waste first and then proceed to the landfill to dispose of your other trash and recyclables.**

My scheduled time is: _____

Name _____ Address _____

You will need to present this section at the collection. Please bring some proof of residency. This form is available on the Wayland Board of Health website at www.wayland.ma.us/boh

SEE OTHER SIDE FOR TYPES OF HAZARDOUS WASTE ACCEPTED

