



900 Woito Station Road, RR # 4, Pembroke, ON, K8A 6W5
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Asbestos Delivery Request Form

Company Information

Company Name: _____

Contact Name: _____ Phone #: () _____

Fax #: () _____

Address: _____

Amount of Asbestos

of Bags _____ Type of bags or liners _____ Size of Load _____

Source Location of Asbestos: _____

Type of Asbestos: _____

Hauler Information

Company Name: _____

Contact Name: _____ Phone #: () _____

Fax #: () _____

Address: _____

Payment Method: Cash Debit Visa/MC Account # _____

(Already approved and set-up)

Request Information – **Material will not be accepted after 2:30 pm. **

Date for Delivery Request: _____ Time: _____

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Internal Use

OVWRC Authorization: _____ Date: _____

Notification to Landfill: Yes No Staff Notified: _____

Please phone 24 hours in advance to allow for preparation.