

Office of Environmental Health and Safety

Waste Management Unit

Request for Recycling Programs

Site Name:

Date:

LOC:

Requester:

Contact Number:

Email:

Type of Request (check all that apply):

- | | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | In-class 3-gallon recycling bins (limit 30) | Quantity: |
| <input type="checkbox"/> | In-class Recycling Training | Date: |
| | How many presentations: _____ | |
| <input type="checkbox"/> | Classroom recycling learning material | Quantity: |
| <input type="checkbox"/> | Site Assessment | Date: |
| <input type="checkbox"/> | Organics (Food Scraps) Training | Date: |

Provide any extra details, comments, and/or concerns:

Please email completed form to the OEHS Waste Management Team:

oehswastemanagement@lausd.net