



ALARMRECYCLE CONTAINER REQUEST FORM

Please fax this form to: 604.592.2982

Today's Date: _____

Collection Site Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Shipping Hours: _____

Contact Name for Driver: _____

of Full Containers to be Picked-Up: _____

of Empty Containers Needed: _____

Supplies:

Tape (for boxes) _____

Rack cards (pack of 50) _____

Posters _____

Outdoor Signage _____

Special Shipping Instructions: _____
