



**REQUEST FOR DISPOSAL
FORM A-2**

Name: _____

Private Commercial
(Please mark one)

Address: _____

Telephone: _____ Type of Material: _____

Tag & Type of Vehicle to be used (Non-commercial, private only): _____

COPY OF LETTER OF INTENT TO THE STATE OF NEW JERSEY IS ATTACHED

Yes No (Will Follow)

Signature of Responsible Party: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Health Department Informed: Yes No Date: _____

Pre-Inspection Date: _____

Documentation in Order: Yes No

Assigned Load: _____

Disposal Cell Number: _____

APPROVED

NOT APPROVED

Verified By: _____ Date: _____