



# Ottawa Valley Waste Recovery Centre

900 Woito Station Road RR # 4 Pembroke, Ontario K8A 6W5 Phone: 613-735-7537 Fax: 613-735-1837

## HAULING CONFIRMATION REQUEST FORM

Attention: OVWRC GATEHOUSE STAFF

Date of Request: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Acct. #: \_\_\_\_\_ Request Via: \_\_\_\_\_  
(if available)

Material Pickup Request :  
Landfill  Container Recyclables  Fibre Recyclables  Organics

Other Pickup: \_\_\_\_\_

Bin# for Pickup: \_\_\_\_\_ Bin# for Dropoff: \_\_\_\_\_  
(if applicable) (if applicable)

Pickup Request Signature: \_\_\_\_\_  
(Authorized Staff for Request for Hauling)

**To be completed by Gatehouse Attendant:**

Request Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Hauler Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Completed by: \_\_\_\_\_ Hauling Form #: \_\_\_\_\_

WRC #: \_\_\_\_\_ WRC MTCODE: \_\_\_\_\_

Date Confirmed to Customer: Yes  No  Via: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gatehouse Attendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hauler Verified Information: \_\_\_\_\_ Date: \_\_\_\_\_