

Pullman Disposal Service
P.O. Box 619
Pullman, WA 99163
509-334-1914
Fax # 334-5268

SERVICE AGREEMENT FOR BIOHAZARDOUS INFECTIOUS WASTE COLLECTION

1. First scheduled pickup date _____

2. Pickup location _____

3. Number and size of BHW storage containers:

4. Customer Information:

Client Name _____

Contact _____

Address _____

Phone _____

Mailing Address _____

Signature of Authorized Agent, Client

Date _____