UPDATE/ORDER FORM

Company Name:
Street Address:
City:
State and Zip:
County:
Contact person
Phone:
Hours of operation:

My business accepts the following from do-it-yourselfer's:

	Fee charged?
☐ Used oil	yes/no
☐ Used oil filters	yes/no
☐ Lead-acid batteries	yes/no
☐ Antifreeze	yes/no

Please add my business to transporter and processors list for the following materials:

- ☐ Used oil
- ☐ Used oil filters
- ☐ Antifreeze
- ☐ Lead-acid batteries

☐ **Please add my company to the hazardous waste contractors list**

This is a:

- ☐ Correction
- ☐ New entry
- ☐ Deletion

Please send me the following:

_____ Oil signs

_____ Battery signs

_____ Household hazardous material signs

_____ Consumer information brochures

Please send this form to:

Household Hazardous Materials
Department of Natural Resources
Wallace State Office Building
502 East 9th Street
Des Moines IA 50317

Or fax to 515/281-8895