



**Hazardous Waste Generator Information**

You have been identified as a hazardous waste generator in need of collection and disposal services handled through the Department of Environmental Health & Safety. Kindly complete the below information so that we may set you up with an account:

**Billing Information** (For billing questions please contact Maryann Areostatico at 632-9671)

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

Department/Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Campus Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

State Account # or Research Grant #: \_\_\_\_\_

*(Invoices will automatically be charged to the above account # with supporting documentation copies to follow in the mail. If you do not have a state or research account, an invoice will be mailed to your billing department for immediate payment via a check. Please note that current NYS Administrative Overhead fees will be added for all check payments.)*

Authorized Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Pick-up Information** (For pickup and/or general questions please contact HazWaste@stonybrook.edu)

	<b><u>Primary</u></b>	<b><u>Secondary (if able)</u></b>
Contact Name:	_____	_____
Department/Company Name:	_____	_____
Pick-up Address:	_____	_____
Campus Zip:	_____	_____
Phone #:	_____	_____
E-mail address:	_____	_____