



Waste Management Unit

Request for Recycling Programs

Site Name _____ Request Date: _____

LOC Code _____ Requester: _____

Contact Number _____ Email: _____

Type of Request (Check all that apply):

In-class 5-gallon recycling bins **Quantity** _____

96-gallon recycling carts for internal use only **Quantity** _____

Recycling Assembly **Date** _____

In classroom recycling training **Date** _____

Classroom recycling learning material **Student Count** _____

Site assessments for green waste programs **Date** _____

Provide any extra details, comments, and/or concerns

Please email completed forms to the OEHS Waste Management Team:

OEHSWasteManagement@lausd.net