

Office of Environmental Health and Safety

Waste Management Unit

Request for Recycling Programs

Site Name:

Date:

LOC:

Requester:

Contact Number:

Email:

Type of Request (check all that apply):

In-class 3-gallon recycling bins (limit 30)

Quantity:

Recycling Assembly

Date:

In-class Recycling Training

Date:

Classroom recycling learning material

Quantity:

Site Assessment

Date:

Organics (Food Scraps) Training

Date:

Provide any extra details, comments, and/or concerns:

Please email completed form to the OEHS Waste Management Team:

oehswastemanagement@lausd.net