



Treated Wood Waste Customer Form

A completed form needs to accompany each load of TWW.

Mt. Diablo Resource Recovery

Disposal Date: _____

Please complete Section 1 OR Section 2, and the Customer Certification below.

Generator Information:

Section 1:

Generator Identification Number (if applicable): _____

OR

Section 2:

Generator Address: _____

(Street, City, State, Zip Code)

Contact: _____ Phone: _____

Residential (please circle): YES NO

Customer Certification

I hereby certify that all supplied information and documentation is true and accurate.

Name (Print): _____ Phone: _____

Authorized Signature: _____

Date: _____