



FACSIMILE TRANSMITTAL

PICK-UP SERVICE REQUEST FOR FLUORESCENT/MERCURY-CONTAINING LAMPS

DATE: _____

TO: Mr. Alfredo Sardiñas, Supervisor
Recycling and Utilities Administration

FAX NO: 305-371-3123

FROM: _____
(Primary Contact Person)

FAX NO: _____

(Alternate Contact Person)

PHONE NO: _____

Please request pick-up of authorized materials by the district's lamp recycler from the location identified below. I understand that I am responsible for notifying the Division of Energy, Communications and Fiscal Management (DECFM), via fax, if the pick-up is not made by the vendor within four weeks from the date of this request.

Note: 150 lamp minimum required for pick up!

PICK-UP LOCATION: _____
(Name of School or Location)

ADDRESS: _____

ROOM NUMBER WHERE LAMPS ARE LOCATED: _____

LAMP TYPE	QUANTITY
4 ft. fluorescent lamps	
8 ft. fluorescent lamps	
2 ft. fluorescent lamps	
HID lamps	
U lamps	
Others	

FOR OFFICE USE ONLY: Date faxed to vendor: _____ Initials: _____
