

Clinical Waste Collection Confirmation of Requirements

Date:

Name:

Address:

Telephone Number:

Alternative Contact Details:

Please state:

1. The reason a clinical waste collection is required (for example medical conditions):
2. The type of clinical waste to be collected (for example needles, incontinence pads):
3. The approximate quantity for collection each year (for example 52 bags per year):
4. The frequency required (for example weekly, fortnightly, monthly):
5. Details of any other collection requirements:

Please return the completed form to Basildon Borough Council, Street Scene, Barleylands Depot,
Barleylands Road, Billericay, Essex, CM11 2UF or submit to recycling@basildon.gov.uk