

FORM E

Household Pharmaceutical Collection Event Report

Instructions: Event Sponsor must complete this form and return within two weeks following the household pharmaceutical collection event.

Sponsoring county or entity: _____

Contact person and phone number: _____

Date(s) of event: _____

Location(s) of event: _____

Law Enforcement Officer: _____

Number of vehicles or households participating: _____

Waste-to-energy facility used for disposal: _____

Approximate total volume (including packaging) of household pharmaceuticals collected:

Weight of household pharmaceuticals collected (including packaging): _____

Any other information/comment, please provide:

Please return this completed form to:

**NYS Dept. of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
Attn: Melissa Treers
625 Broadway
Albany, NY 12233-7253
(518) 402-8678**

or

E-mail to: mmtreers@gw.dec.state.ny.us