



OHIO ENVIRONMENTAL PROTECTION AGENCY  
Division of Solid and Infectious Waste Management

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### CENTRAL OFFICE - FACILITY INFORMATION REQUEST FORM

Name \_\_\_\_\_ Telephone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Appointment Date & Time \_\_\_\_\_

Affiliation/Company Name  
\_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- | Facility Name | City/County |
|---------------|-------------|
| 1. _____      | _____       |
| 2. _____      | _____       |
| 3. _____      | _____       |
| 4. _____      | _____       |
| 5. _____      | _____       |
| 6. _____      | _____       |
| 7. _____      | _____       |
| 8. _____      | _____       |
| 9. _____      | _____       |
| 10. _____     | _____       |