

- Make as many copies of this form as needed.
- Attach the form(s) to a PO I8 request
- Keep a copy for your records

Fax to: (718) 361-3844
Att: M. Pedram

Via Passport System
Notify M. Pedram

Use: **Trade Code 75 – Crew# IN27 – job type EB** on the PO I8 request.

Chemical Removal Request Form

School: _____

Address: _____

Borough: _____ **Zip Code:** _____ - _____

Date: _____

Name of chemical	Number x Size = Total	Room No.
_____	x ____ = _____	_____
_____	x ____ = _____	_____
_____	x ____ = _____	_____
_____	x ____ = _____	_____
_____	x ____ = _____	_____
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_____	x ____ = _____	_____
_____	x ____ = _____	_____
_____	x ____ = _____	_____

Principal's Signature: _____

Contact Person: _____ **Telephone:**(____) _____

Custodian: _____ **Telephone:**(____) _____