

# OTR Recycling Request for Tire Pick-up

## General Information

Request Date: \_\_\_\_\_ (YYYY / MM / DD)  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Location and Pickup Information

Company / Municipality: \_\_\_\_\_  
Location (Landfill or Tire Shop): \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
Foreman / Manager / Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_  
Driving Directions to Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Additional Notes and Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Tire Information

**Please enter the number of tires for each type of tire you want to have picked up:**  
*(if you do not know the exact number of tires, please enter your best estimate as it is still useful information for us to know)*

\_\_\_ Tractor Rear    \_\_\_ Industrial Loader    \_\_\_ Large Farm Implement  
\_\_\_ Flotation    \_\_\_ Airplane

<b>Mail to:</b>	P.O. Box 113, Moosehorn, MB, R0C 2E0
<b>Fax to:</b>	(204) 768-2280