

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 ___ Ag Tracks
___ Flotation ___ Airplane ___ Large Farm Implement

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