

**I FACILITIES & SERVICES  
WASTE TRANSFER STATION  
WEIGHT TICKET**

DATE: \_\_\_/\_\_\_/\_\_\_

TIME: \_\_\_\_\_ AM/PM

EMPLOYEE ID: \_\_\_\_\_ VEH. ID: \_\_\_\_\_

ROUTE/LOCATION: \_\_\_\_\_

MATERIAL:

CARDBOARD

COMPACTED

C&D

METAL

MSW

PAPER

SOIL MIX

TOTES

SCHEDULED/ON-CALL (CIRCLE ONE)

WORKORDER: \_\_\_\_\_

TIP LOCATION:

FLOOR

NORTH LINCOLN

WALL

SOUTH BAY

NORTH BAY

WEIGHT IN: \_\_\_\_\_ lb. OUT: \_\_\_\_\_ lb.

*Please complete a separate ticket for each tip. Submit complete forms w/ dispatcher daily.*