

Household Clinical Waste Collections Form - Confidential CW2

I would like to request for the collection of household clinical waste by the London Borough of Bexley.

Name of Client: _____

Address of Client: _____

Telephone number: _____ Email address: _____

Waste description

Dressings: Stoma bags:

*This form is not required for sharps collections.

Items used to dispose of bodily secretions and excretions

Other: _____

Please note incontinence pads should be placed in your general waste bin (please double bag) unless there are other medical concerns.

Is this service required permanently? Yes No

If no, how long is the service required for? _____

Signed: _____ Date: _____

Designation: _____

If you have any questions about the clinical waste service, please phone 020 8303 7777 or email customer.services@bexley.gov.uk.

To: LB Bexley, Contact Centre: Cancellation of Household Clinical waste collection

Name of Client: _____

Address of Client: _____

Signed: _____ Date: _____

Designation: _____

Please email to customer.services@bexley.gov.uk or send to:

Head of Waste & Street Services, c/o Contact Centre Civic Offices

2 Watling Street, Bexleyheath, Kent, DA6 7AT