



Packaged Food & Beverage Waste Profile

Main Office:
715 Morgan Street
Clyman, WI 53016
Phone: 920-696-3248

Facility Address:
N2797 WI Hwy26
Watertown, WI 53094
Phone: 888-558-9611

A) Client Information

Client Name _____
Street _____
City _____ State _____ Zip _____
Contact Name _____
Phone _____ Fax _____
Email _____

Generator (if different): _____
Street _____
City _____ State _____ Zip _____
Contact Name _____
Phone _____ Fax _____
Email _____

B) Waste Description

1) Waste is (check all that apply):

- ☐ Packaged Human Food Waste *(describe)*: _____
☐ Packaged Pet Food Waste *(describe)*: _____
☐ Beverage Waste *(describe)*: _____
☐ Produce Waste *(describe)*: _____
☐ Other (please specify): _____

C) Certification

I, _____ certify on behalf of and in the capacity of an agent for _____ that the information submitted above, and all attached documents contain true and accurate descriptions of the waste material. I also certify that the waste is not a Hazardous waste. I further understand if there are any material changes to the waste, I will promptly notify United Liquid Waste Recycling, LLC.

Generator Signature _____ Title _____ Date _____

FOR OFFICE USE ONLY:

Approved / Denied By: _____ Date: _____ Approval Number: _____

* For ULWR internal use only