

**ALACHUA COUNTY
ENVIRONMENTAL PROTECTION DEPARTMENT**



HOME HEATING OIL RECOVERY PROGRAM

Application Form and Release

Please complete this form and return to the Alachua County Hazardous Waste Collection Center, using the mailing address, fax or e-mail address at the bottom of this form.

NAME: _____

PROPERTY ADDRESS: _____

DAYTIME TELEPHONE: (Required) _____

MAILING ADDRESS (If Different) _____

We/I, _____ and _____, are owner(s) of the property located at _____, Alachua County, Florida, and agree that Alachua County, through its inspectors, employees or agents may enter the property to conduct the free Home Heating Oil Recovery. Furthermore, in consideration for this free service, we/I waive and release all claims for injury or damage to persons or property that may be caused by any act or failure to act of Alachua County, its inspectors, employees or agents in association with the Home Heating Oil Recovery Program. This license for entry and waiver and release of claims is voluntarily agreed to by me/us on the date written below. In addition, to the best of my/our knowledge, the tank has only been used for storing home heating oil.

(Property Owner's signature)

Date

(Property Owner's signature)

Date

Mailing Address:

Alachua County Hazardous Waste Collection Center,
5125 NE 63rd Ave.
Gainesville, Florida, 32609
Telephone Number (352) 334-0440
Fax (352) 334-0442

E-mail address:

hazwaste@alachuacounty.us