

Bureau of Waste Management  
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Robert Moser, MD, Secretary.

Department of Health & Environment

Sam Brownback, Governor

## Kansas Medication Disposal Program Application

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Name of Household Hazardous Waste Facility

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Physical address of collection location

City

County

Zip

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Mailing address (if different from above)

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Household Hazardous Waste Facility Manager

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Telephone Number

Email Address

Application is hereby made to participate in the Kansas Medication Disposal Program through the Kansas Department of Health and Environment. By signing below, applicant agrees to follow the terms and conditions set forth in the KDHE Kansas Medication Disposal Program policy statement.

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Signature of Household Hazardous Waste Manager

Date

Please contact the KDHE Bureau of Waste Management with any questions or for further information.