

Hachioji City Waste Reduction Management Inspection Visit Application

Date / / (yyyy/mm/dd)

Name of group						
Address						
Preferred date and time of visit	first	yyyy / mm / dd ()	:	AM ~ PM	:	AM (min.) PM
	second	yyyy / mm / dd ()	:	AM ~ PM	:	AM (min.) PM
	third	yyyy / mm / dd ()	:	AM ~ PM	:	AM (min.) PM
Number of visitors	Total:				members	
	*Attach a list of visitors (in any format). *If there is any change in the list, please submit the latest one.					
	☐ interpreter	language			<i>*We do not offer interpreting service.</i>	
Contact information	organization					
	Title					
	Name					
	Phone					
	Email					
Preferred program	☐ Facility tour ☐ Lecture ☐ Workshop ☐ Other ()		<Preferred program> *Please specify your preferences.			
Comments						

*We will contact you shortly after adjusting schedules with related sections.

Please note that we may be able to meet your request.

<Inquiries/Application>
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 Environment Division Resource Circulation
 Section
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