

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 PM (min.)
	second	yyyy / mm / dd ()	:	AM ~ PM	: AM PM (min.)
	third	yyyy / mm / dd ()	:	AM ~ PM	: AM PM (min.)
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.				
	<input type="checkbox"/> interpreter	language		*We do not offer interpreting service.	
Contact information	organization				
	Title				
	Name				
	Phone				
	Email				
Preferred program	<input type="checkbox"/> Facility tour <input type="checkbox"/> Lecture <input type="checkbox"/> Workshop <input type="checkbox"/> 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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