



CITY OF WATERTOWN

Board of Health

Administration Building
149 Main Street
Watertown, MA 02472
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Registration Form

WATERTOWN RESIDENTIAL SHARPS COLLECTION PROGRAM

*(Required Fields)

Name: * _____

Address: * _____

Email: _____

Telephone Number: * _____

Please select category/type and approximate amount: *

Used sharps in puncture proof container _____ pint / quart / gallon

Unused sharps in original packaging _____ needles / syringes / lancets