



Illinois Environmental Protection Agency

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Medication Takeback Program Application

Part A: Location, Owner, and Operator

Site ID Number: _____

Takeback Location

Location Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Owner

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Direct Phone: _____ Email: _____

Same as Owner

Operator

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Direct Phone: _____ Email: _____

Part B: Program Details

Program Hours of Operation: _____

Geographic Area Served by Program: _____

Population of Geographic Area Served: _____

Requested Disposal Duration Sponsored by IEPA: _____

Volume of products accepted during the preceding calendar year at above location, if applicable: _____

Would this takeback location want to collect sharps? Yes No

Part C: Certification

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

By typing your name, you are verifying the information on this form is accurate.

Name: _____
Title: _____
Email: _____
Phone: _____ Date: _____

Please email the completed form to:
EPA.Recycling@illinois.gov