

## Medical Marijuana Waste Disposal

### Quote Request:

Please provide us with your contact information and preferences by completing the information on this form and returning it as a scanned document to [support@bokashicycle.com](mailto:support@bokashicycle.com) or by FAX to 800.713.8640

Item	Enter Data Below
Name	<hr/>
Street address	<hr/>
City, State, Zip code	<hr/>
Contact phone number	<hr/>
Email address	<hr/>
Estimated weight of waste per week (lbs)	<hr/>
Prefer electrical shredding unit	[ <input type="checkbox"/> ] Yes    No [ <input type="checkbox"/> ]
Prefer tractor PTO shredding unit	[ <input type="checkbox"/> ] Yes    No [ <input type="checkbox"/> ]
Would like to collect tea with off-loader	[ <input type="checkbox"/> ] Yes    No [ <input type="checkbox"/> ]
Prefer processing 55 HDPE fermenters	[ <input type="checkbox"/> ] Yes    No [ <input type="checkbox"/> ]
Prefer processing 4 cubic yard fermenter	[ <input type="checkbox"/> ] Yes    No [ <input type="checkbox"/> ]

**Thank you for providing us with the information needed for a quote.** We will respond with a quote including all the equipment required for processing and sufficient Bokashi culture mix for 6 months operation based on the lbs per week estimate of MMJ waste.