

# Commercial Hauling Form

## For The Village/City of \_\_\_\_\_

In order to demonstrate compliance with the Village/City of \_\_\_\_\_'s Commercial Solid Waste Hauling and Recycling Program Ordinance enacted on \_\_\_\_\_, you are required to submit this form with the requested information in a timely fashion.

### Company and Contact Information

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Phone No: \_\_\_\_\_  
\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Hauling Service and Recycling Information

**\*\*Please fill in the associated six-month timeframe for this reporting period AND calculate your Recycling Participation Rate\*\***

**SIX-MONTH REPORTING PERIOD** ( \_\_\_\_\_ - \_\_\_\_\_ Month, \_\_\_\_\_ Year)

A. Number of non-residential locations that contract with your company for collection of recyclable materials in the Village/City of \_\_\_\_\_ A. \_\_\_\_\_

1. Of the total number indicated above, how many of the non-residential locations share a container for recyclable material? A1. \_\_\_\_\_
2. Of the total number indicated above, how many are provided recycling services that are less frequent than once every (4) weeks? A2. \_\_\_\_\_

B. Number of non-residential locations serviced in the Village/City of \_\_\_\_\_ B. \_\_\_\_\_

C. Recycling Participation Rate (*Divide A by B*) C. \_\_\_\_\_ %

During this six-month reporting time frame did your company landfill or incinerate any recyclable materials that were collected as source separated recyclable material?

(Please circle)

**YES**

**NO**

If yes, provide information, date(s) and reason for landfilling or incinerating the recyclable material.

---

---

---

**I certify that the foregoing information is true and complete to the best of my knowledge, and understand that any willfully false information is subject to penalties under the Village/City's ordinance.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_